What is the place of classical vaginal surgery in 2019?

Dr. Eduardo Bataller

HCP- Barcelona

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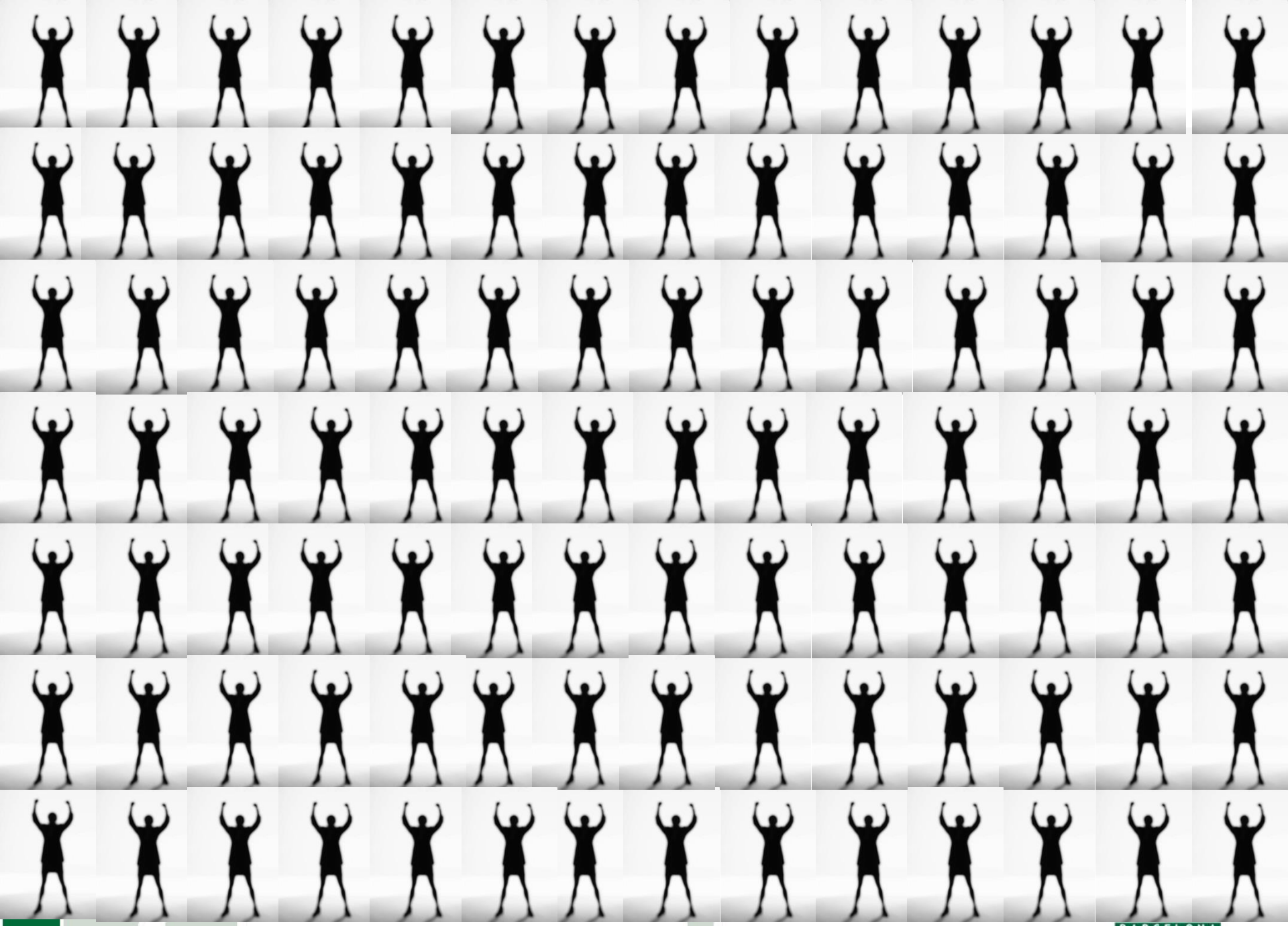

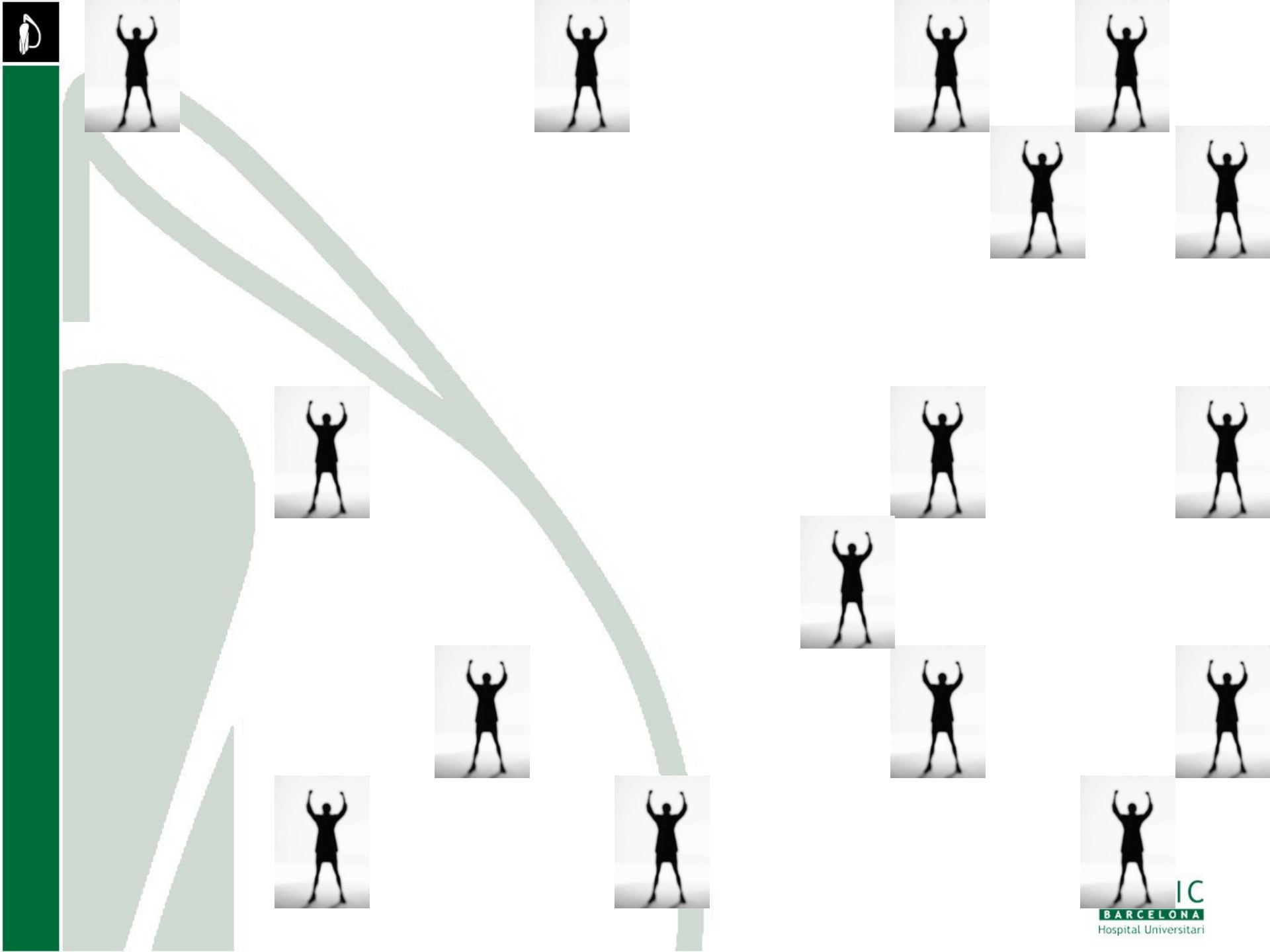

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FDA takes action to protect women's health, orders manufacturers of surgical mesh intended for transvaginal repair of pelvic organ prolapse to stop selling all devices

April 16 th 2019

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MEDICAL HISTORY

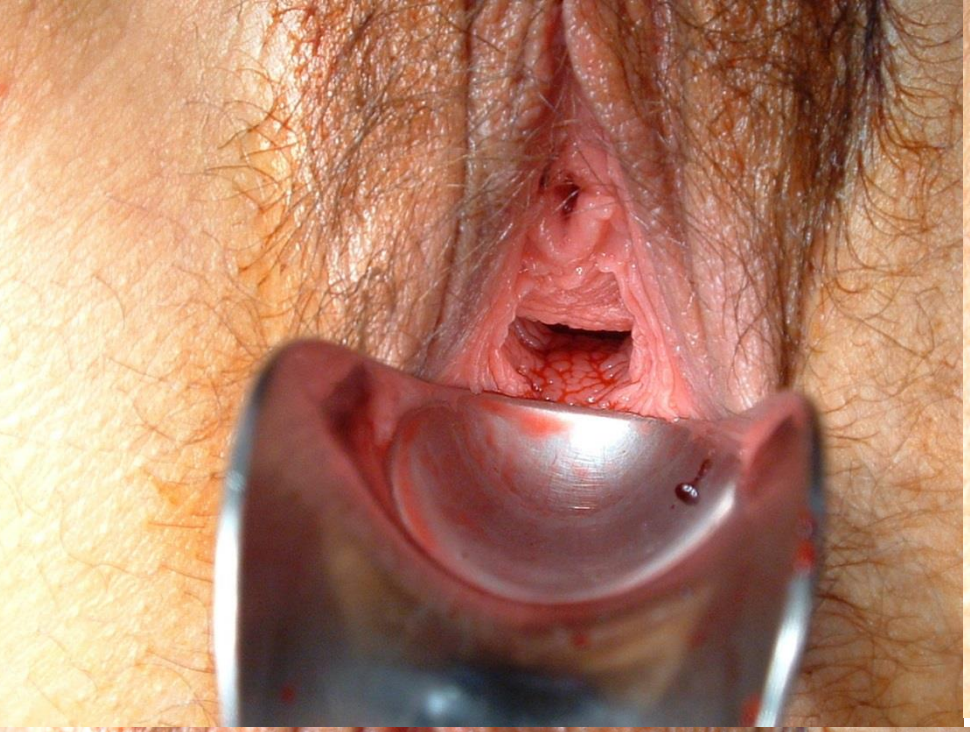
- Is the prolapse symptomatic?
- Does the patient wish surgery?
- Wishes to preserve vagina?
- Preserve her uterus?
- Expectations?

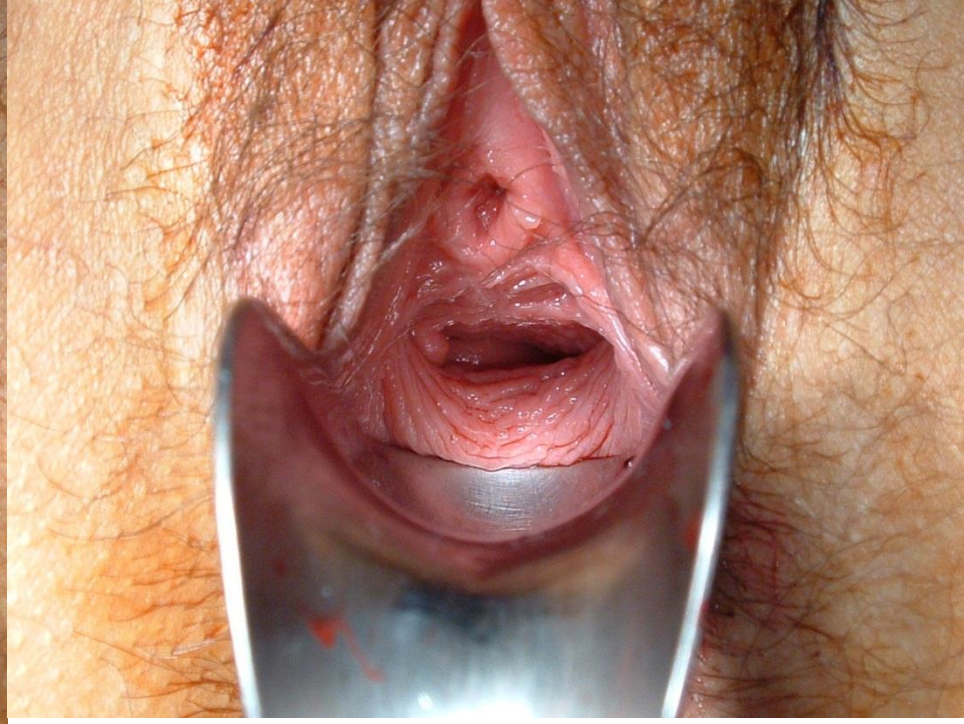
PELVIC EXAM

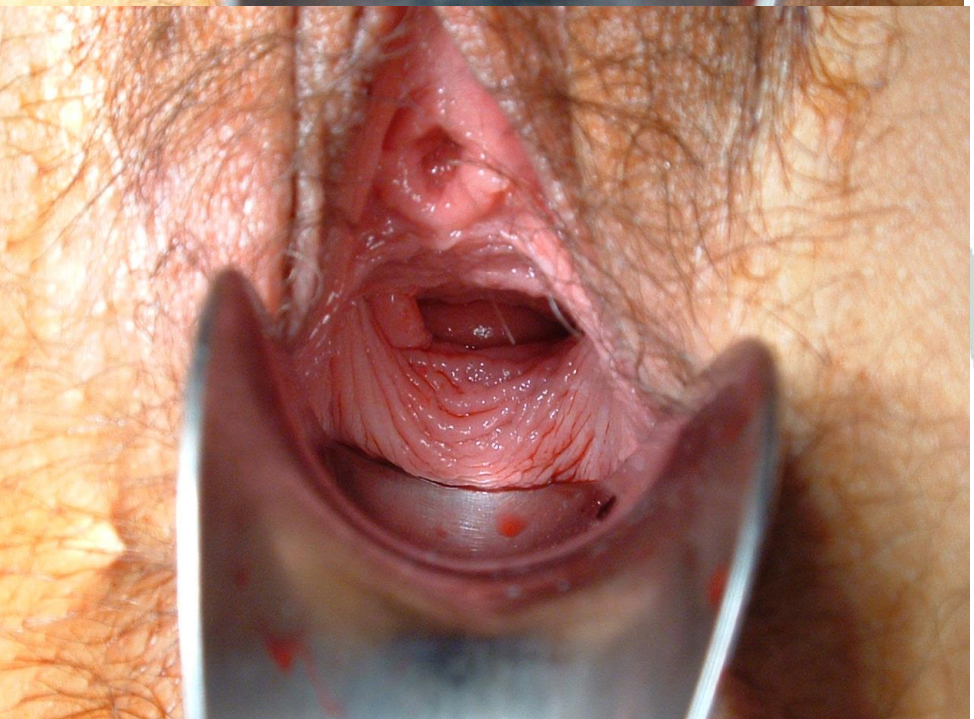
- Which organ or vaginal wall prolapses ?
- Grade of prolapse.
- Which organ or vaginal wall does not prolapse?
- Is there a cervical elongation?
- Is the Levator Ani injured?
- If so, which part is torn?

INDICATIONS

- Primary surgery in moderate prolapses.
- What about recurrences and complete eversion of uterus or vagina?







Normal anatomy

Levator ani muscle view. Horizontal part of the vagina

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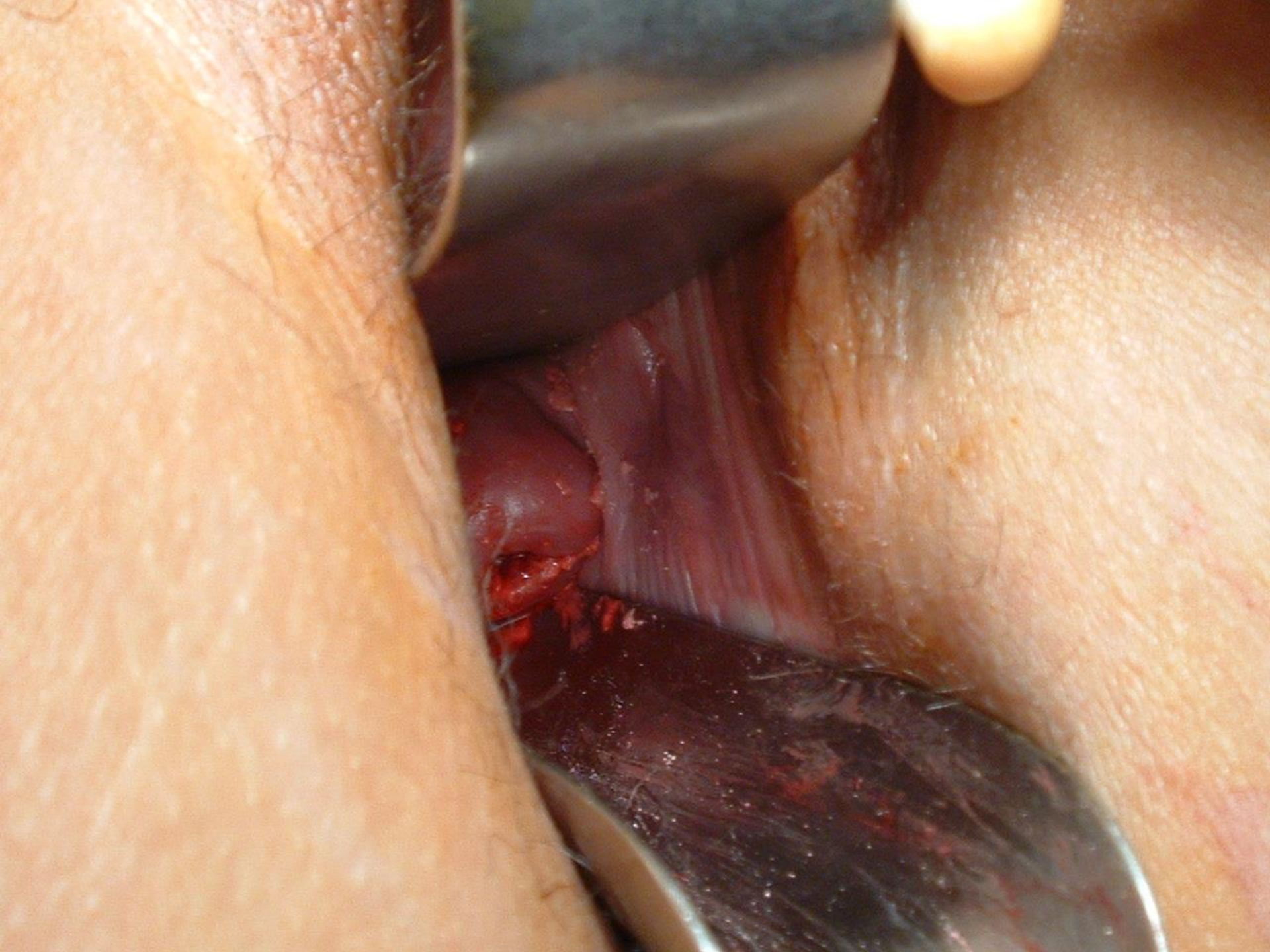

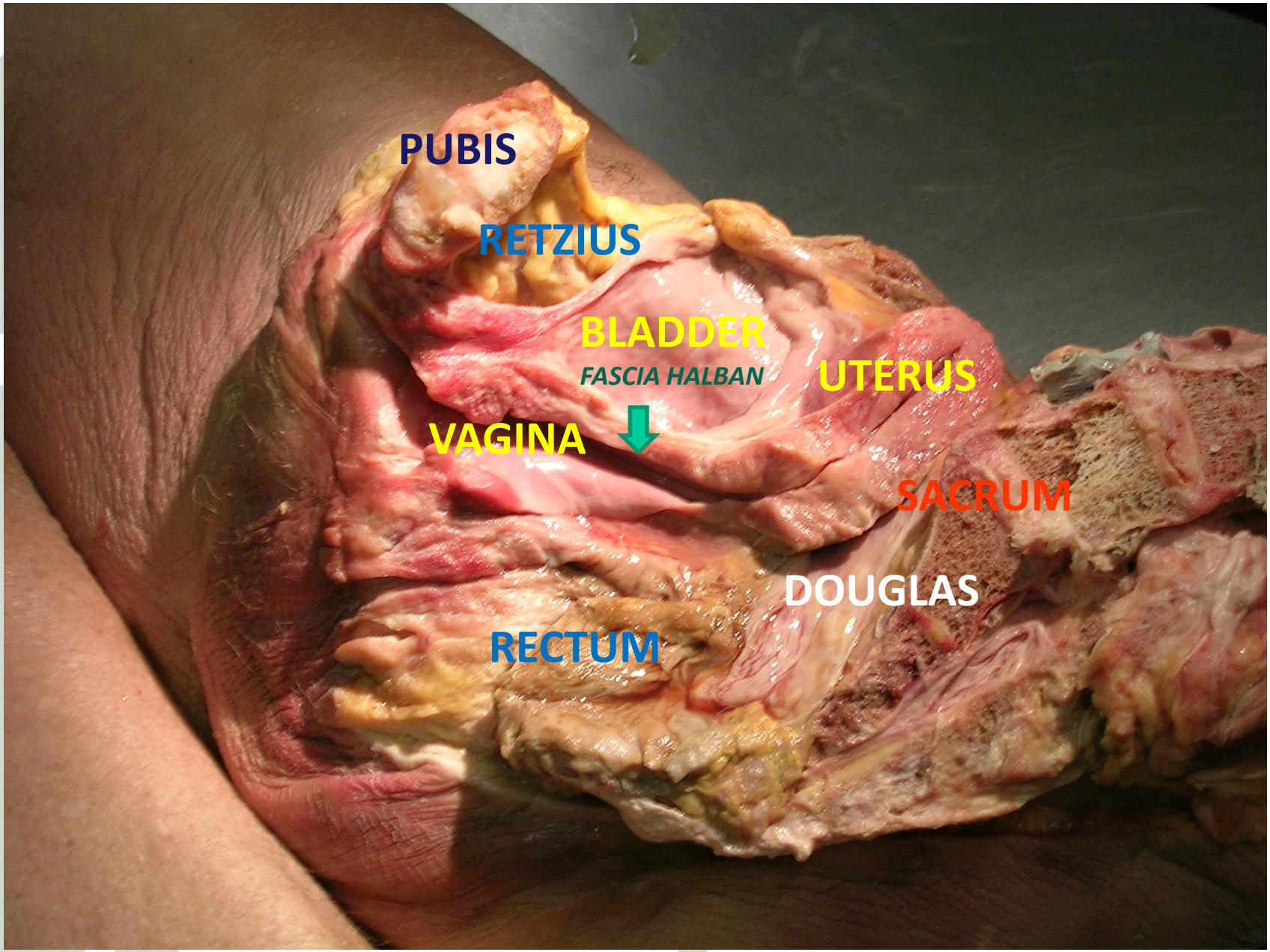

Dr.J.Vilanova

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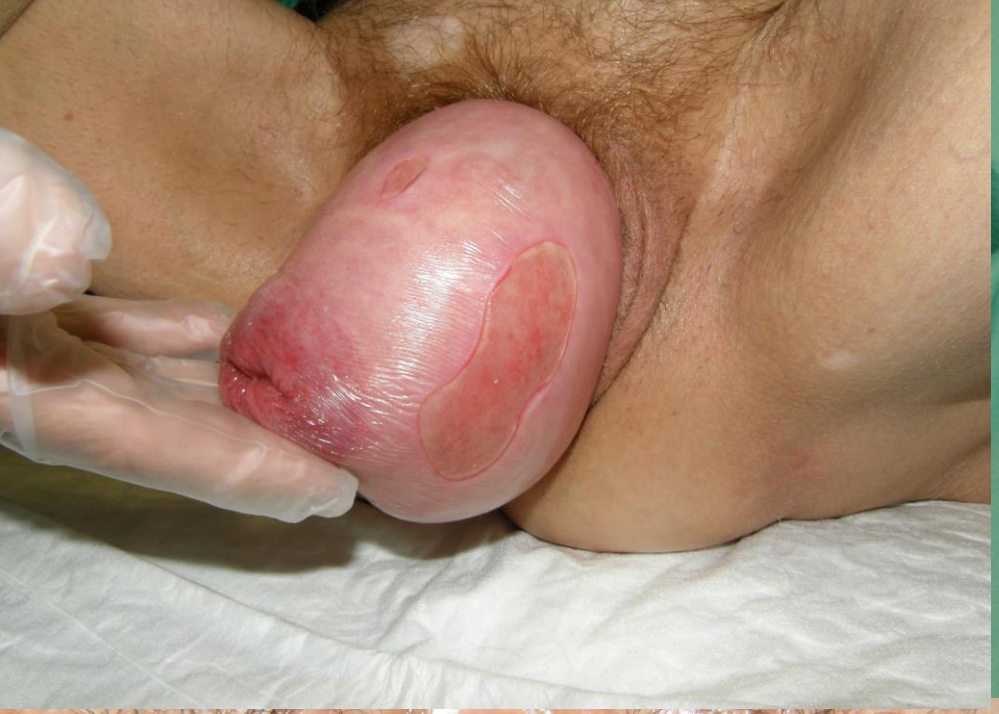
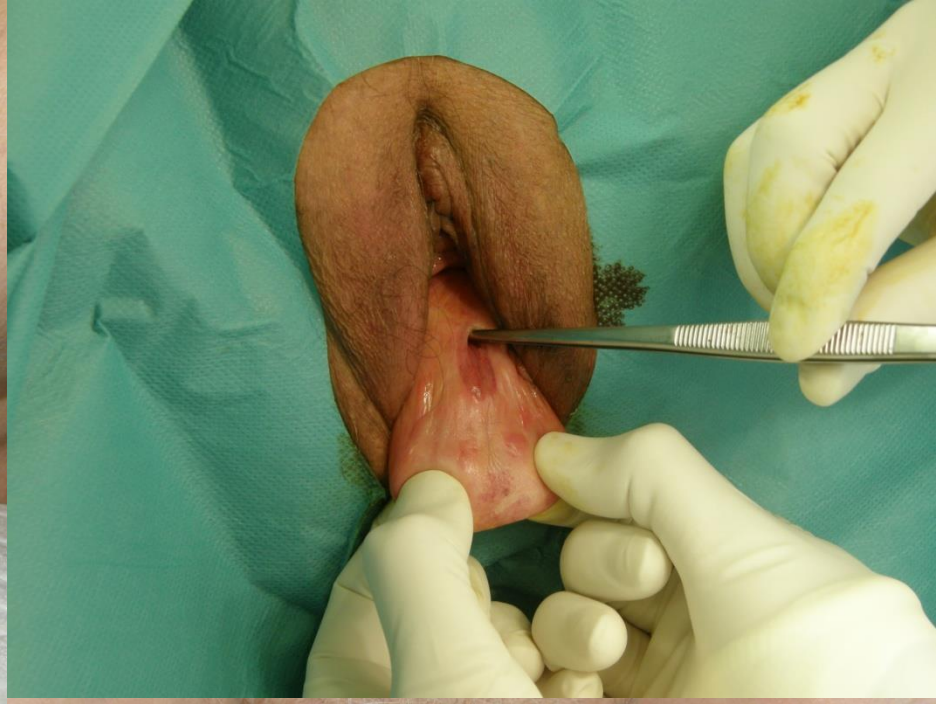
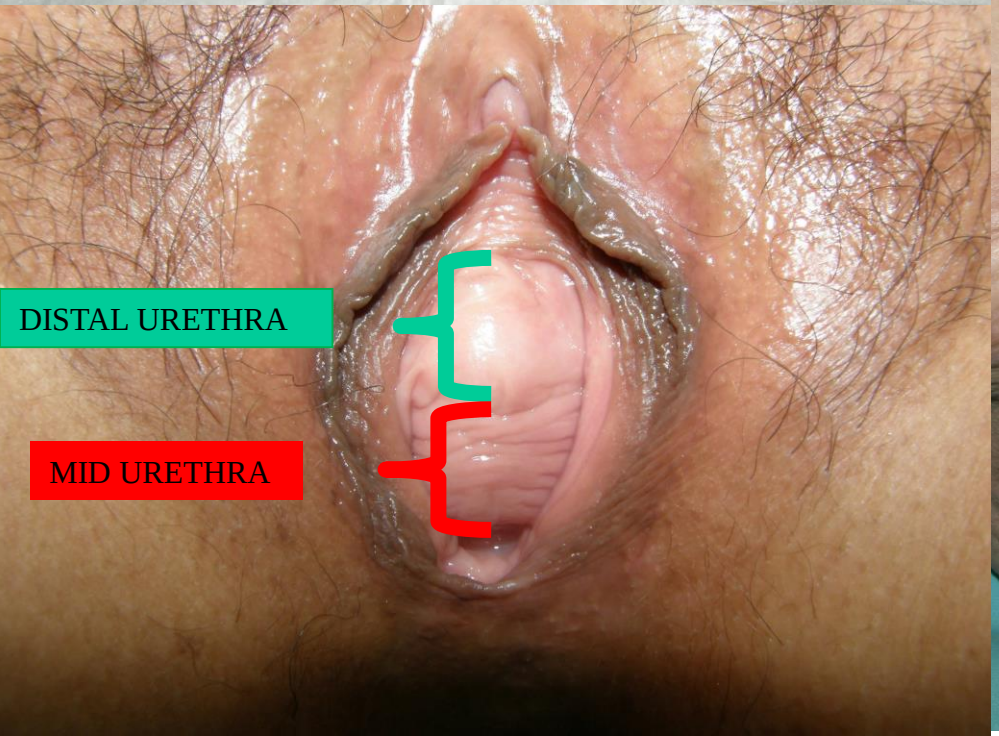
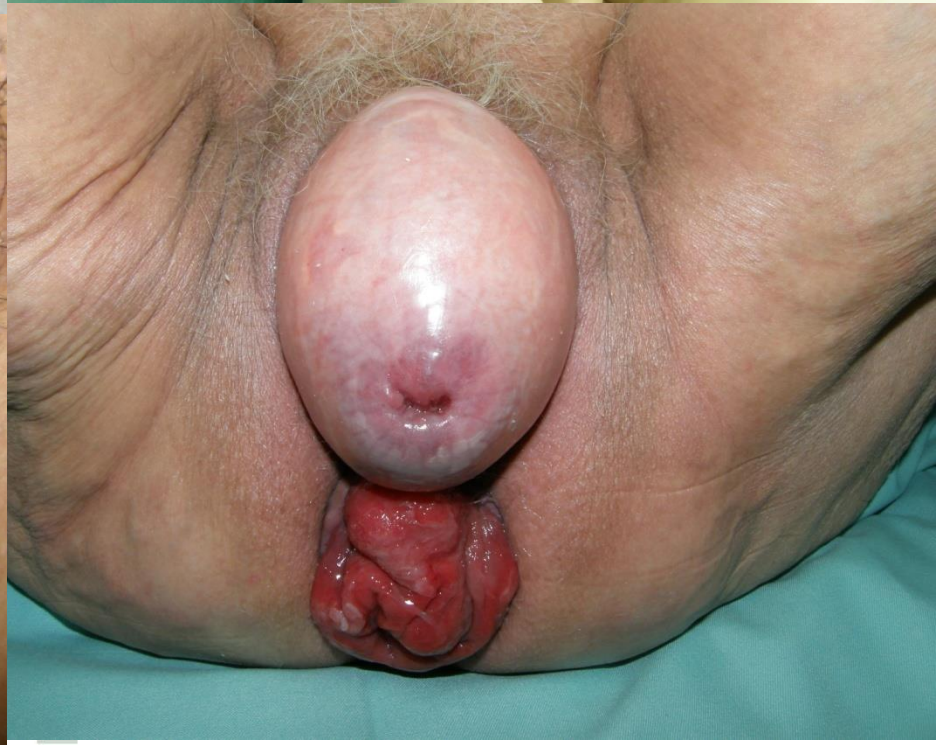
CENTRAL DEFECT

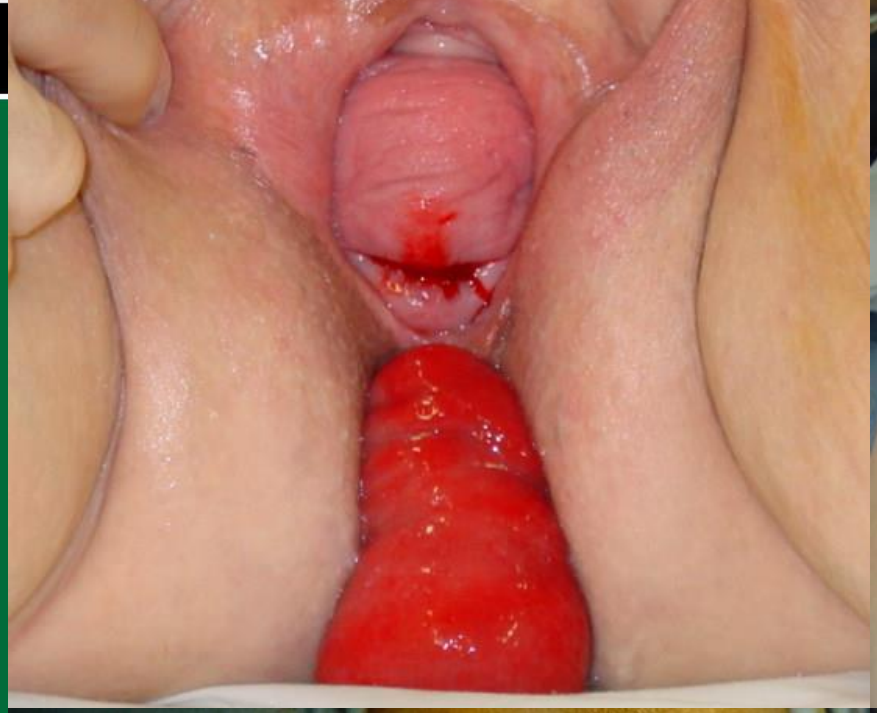

PARAVAGINAL DEFECT

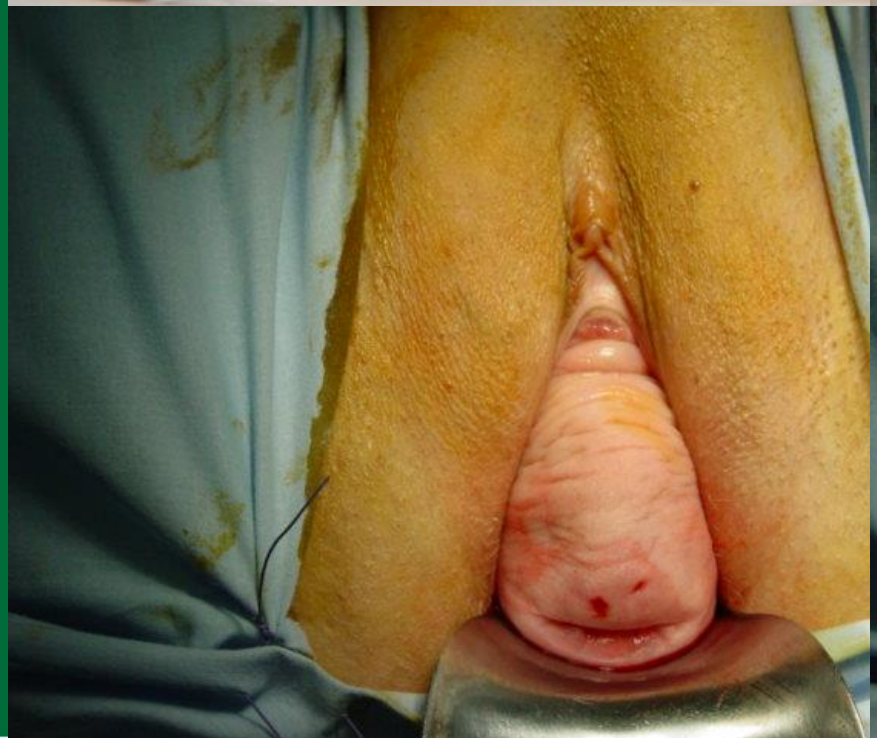
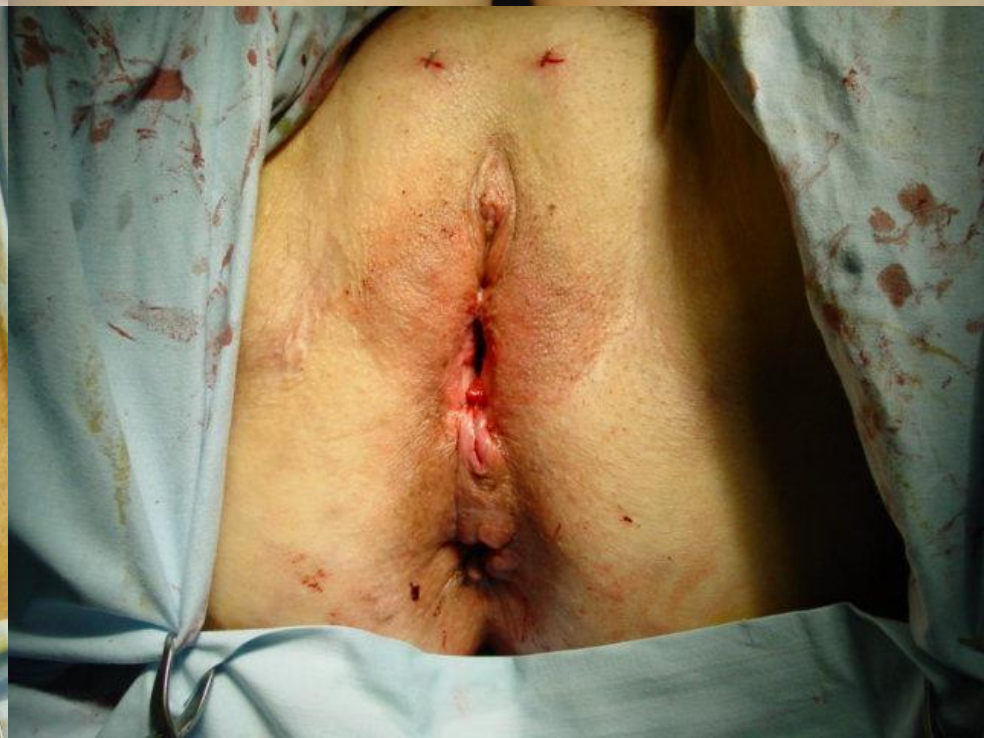


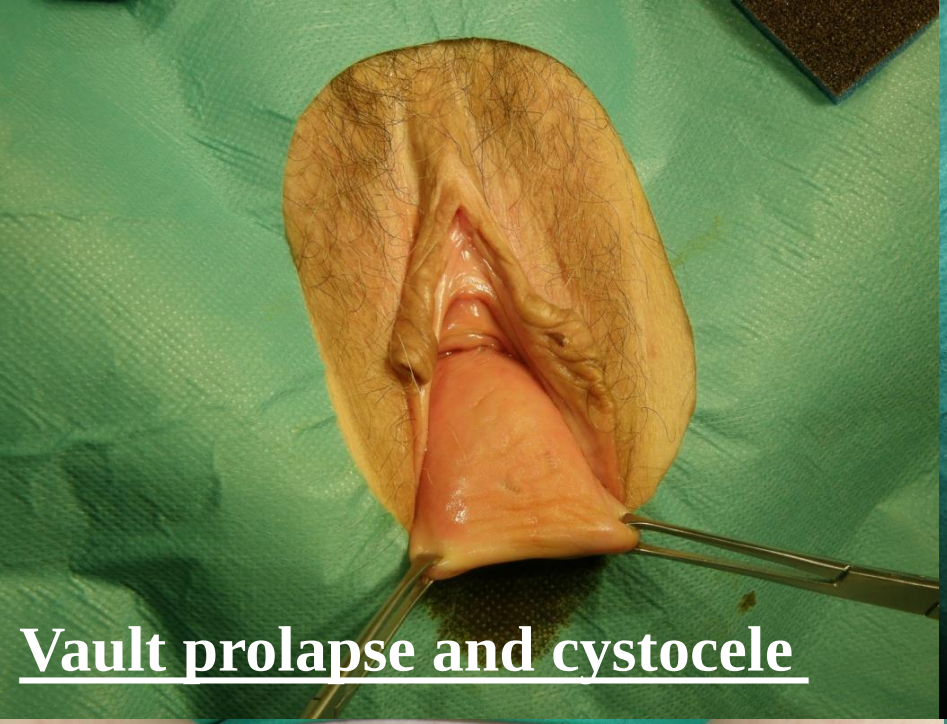


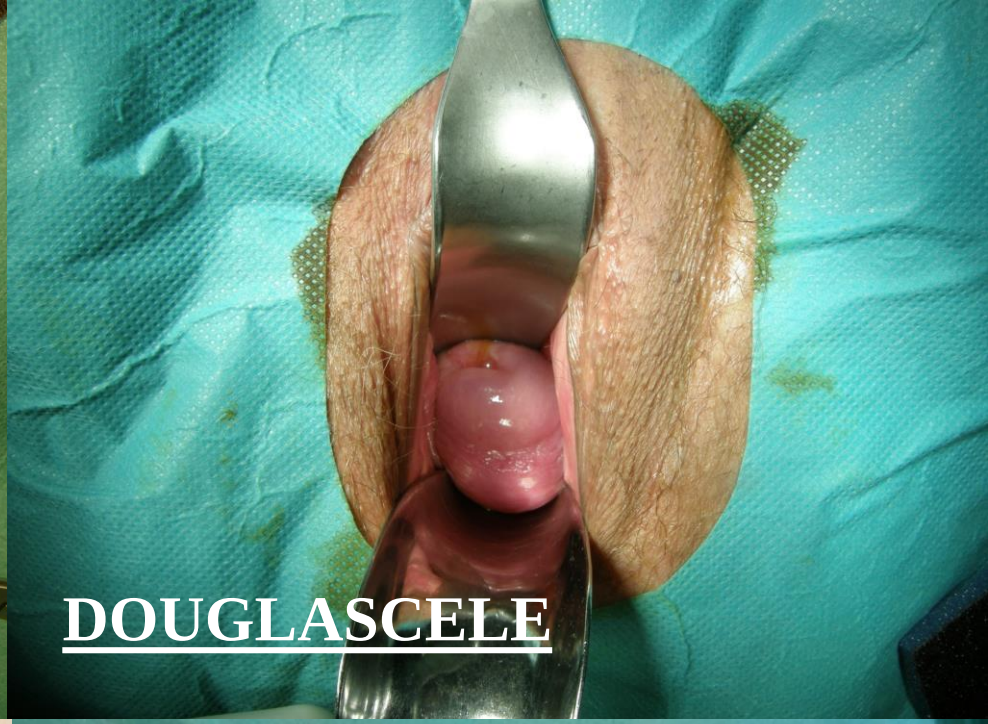

DISTAL URETHRA
MID URETHRA

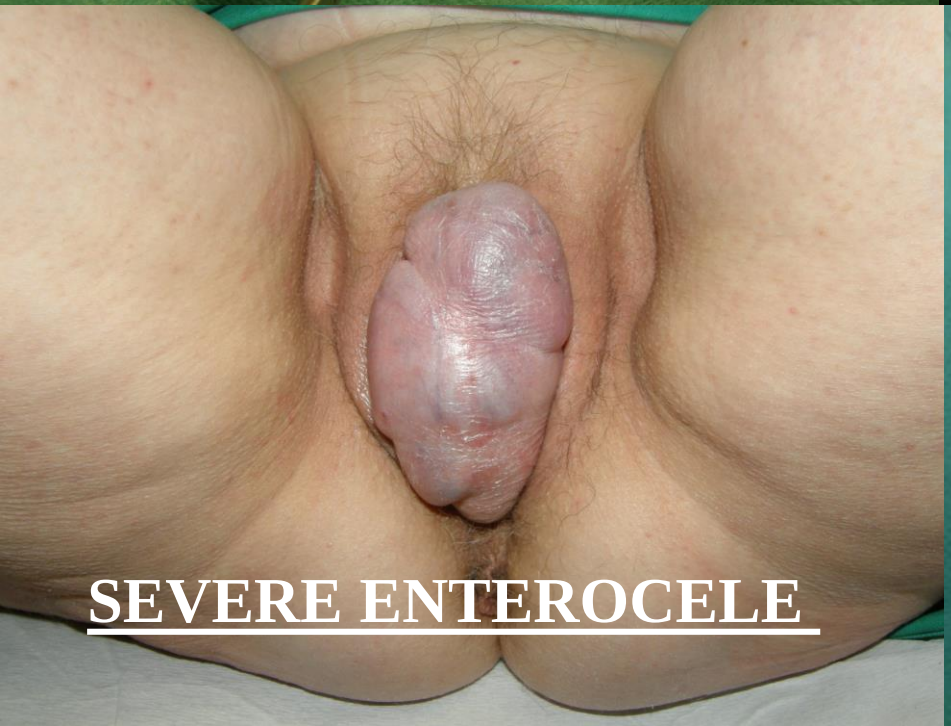


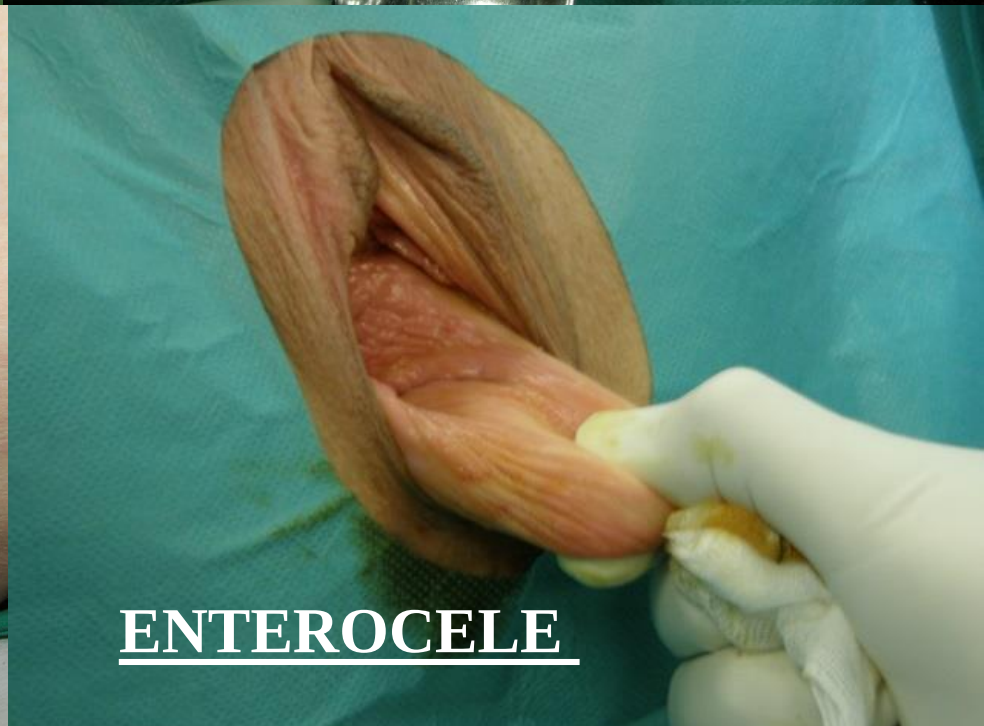



Vault prolapse and cystocele


DOUGLASCELE


SEVERE ENTEROCELE


ENTEROCELE

¿HYSTERECTOMY?

¿MANCHESTER?

¿COLPORRAPHY?

¿SACROCOLPOPEXY?

¿VAGINAL MESHES?

¿CLEISIS?

¿PESSARY?

¿Richter?

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TECHNIQUES

- 1) Anterior Colporraphy
- 2) Manchester-Donald-Fothergill
- 3) ColpoCleisis
- 4) Richter / Sacrospinous fixation
- 5) McCall/Shull

ANTERIOR COLPORRAPHY

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Urol Clin North Am 2019 Feb;46(1):61-70

Surgery for Anterior Compartment Vaginal Prolapse: Suture-Based Repair

Katherine Amin, MD, Una Lee, MD*

KEYWORDS

• Anterior compartment • Vaginal prolapse • Native tissue

KEY POINTS

- Pelvic organ prolapse is a major health problem among parous women and anterior colporrhaphy is the most commonly performed prolapse repair procedure.
- In anterior prolapse, lack of bladder support is often caused by 3 types of abnormalities (or a combination thereof) including a central defect, a lateral (paravaginal) defect, and a transverse–proximal defect.
- A reconstruction of the anterior vaginal wall is performed by placing sutures that plicate and reduce the weakened tissues, and other native techniques have been introduced to further augment tissue and improve durability.
- Native tissue repair, although associated with a higher anatomic rate of prolapse recurrence compared with mesh-augmented repair, has been well-studied and using contemporary composite definitions of success is successful in relieving vaginal bulge symptoms and reducing prolapse within the vagina.

"Native tissue cystocele repair addresses symptom relief for women, and should continue to be a part of pelvic floor reconstructive surgery".

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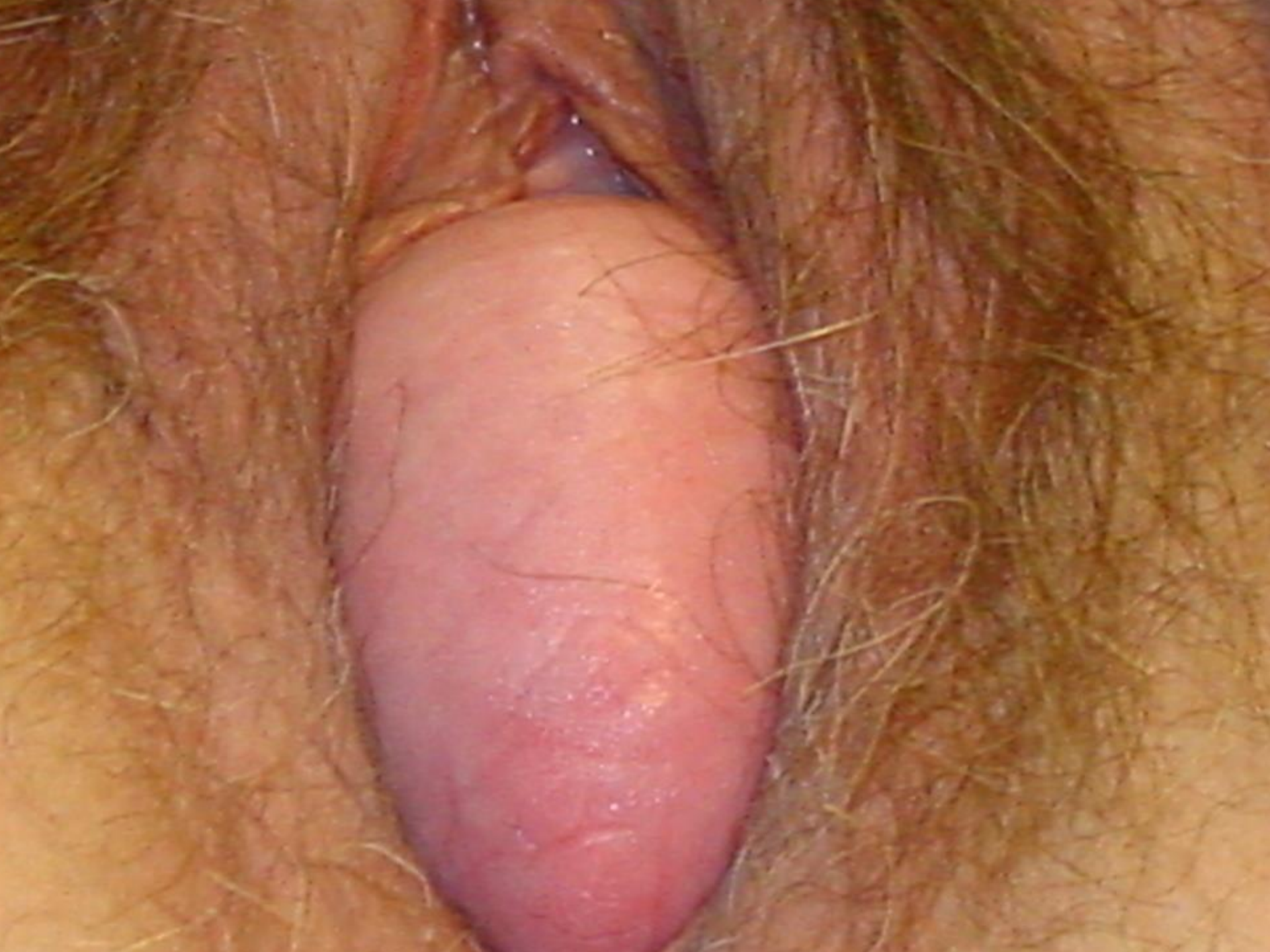
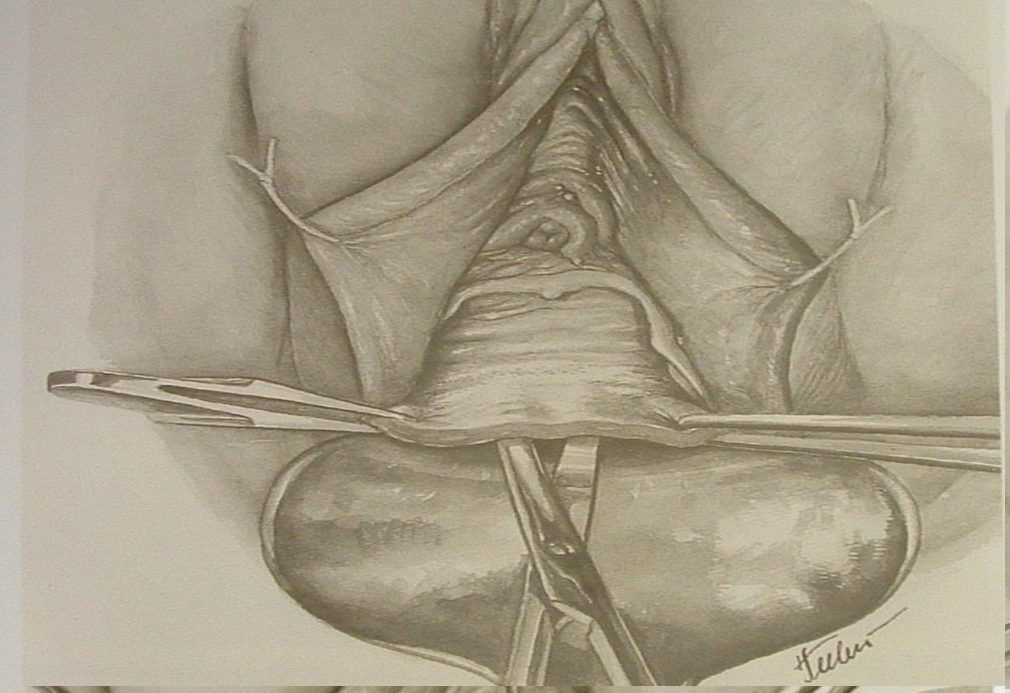
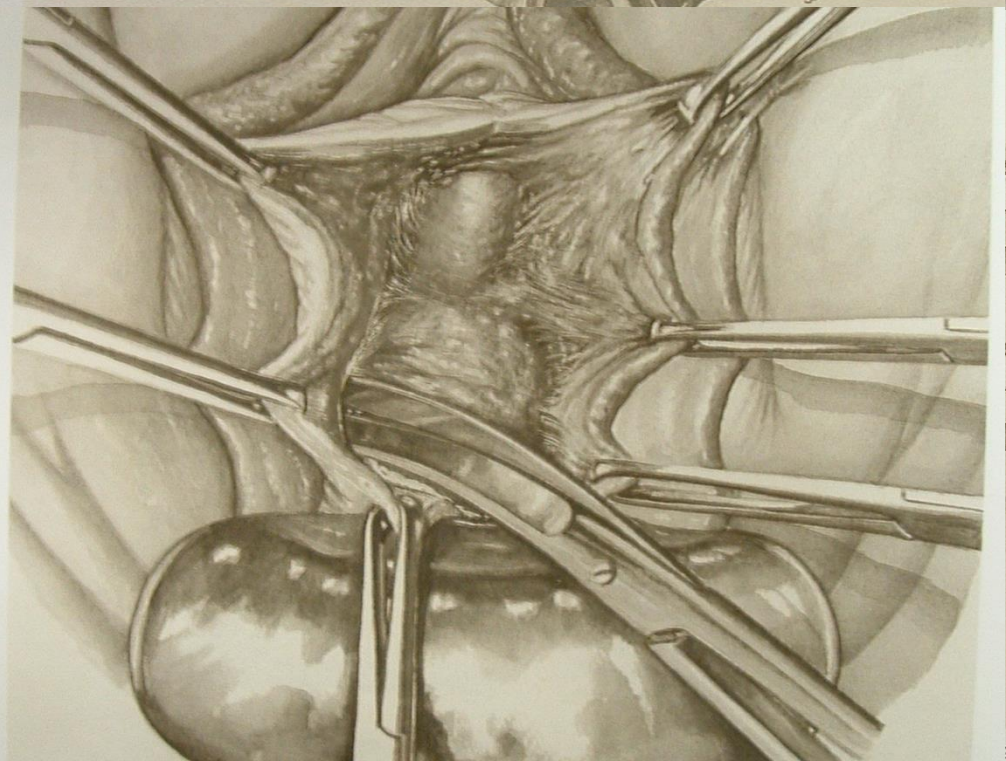
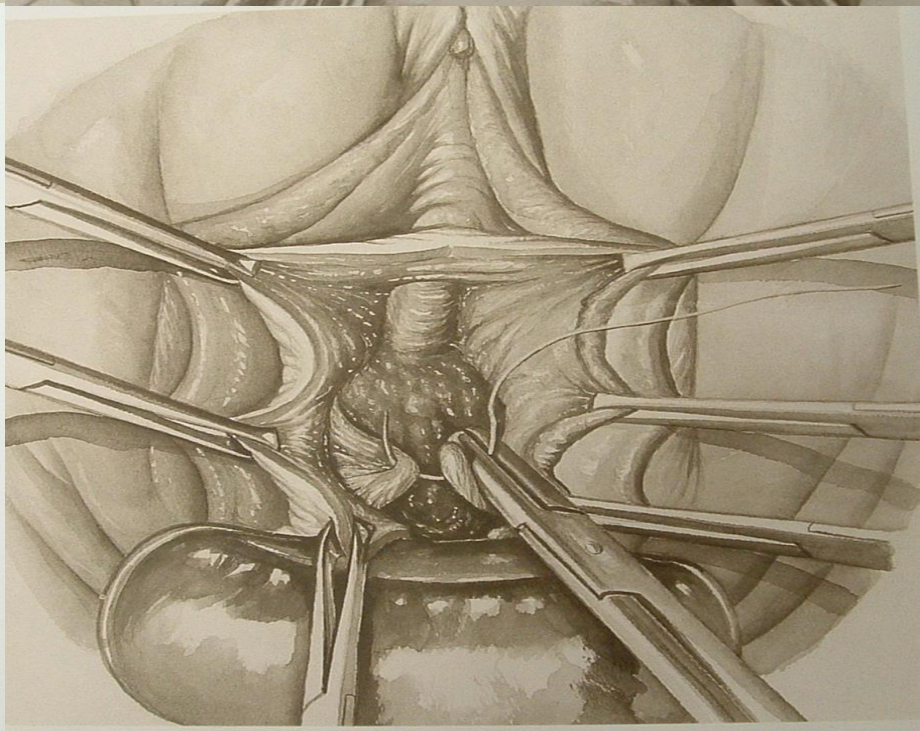
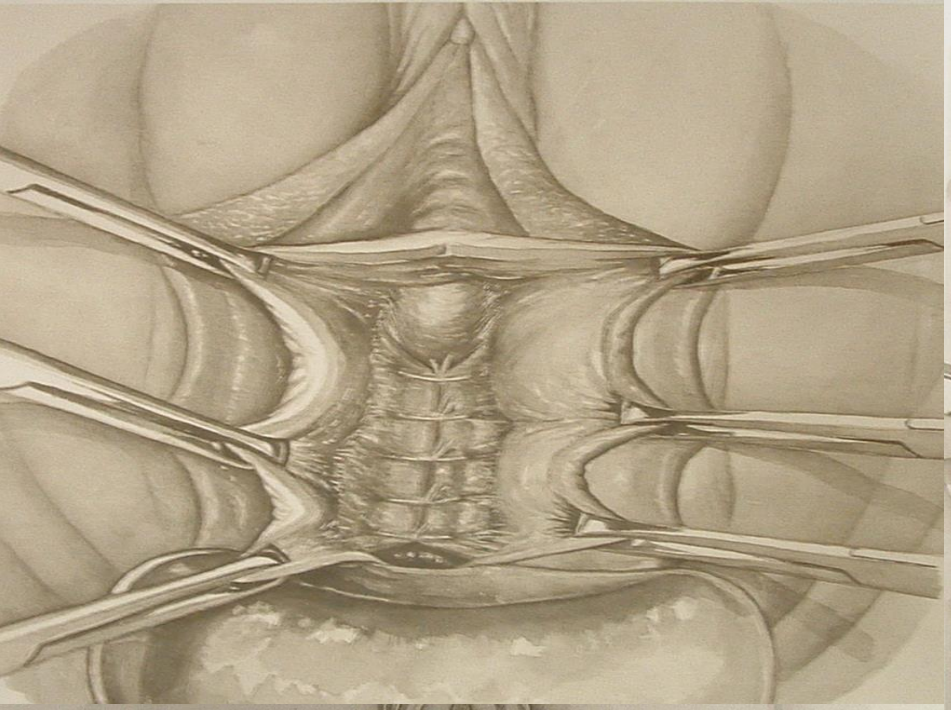


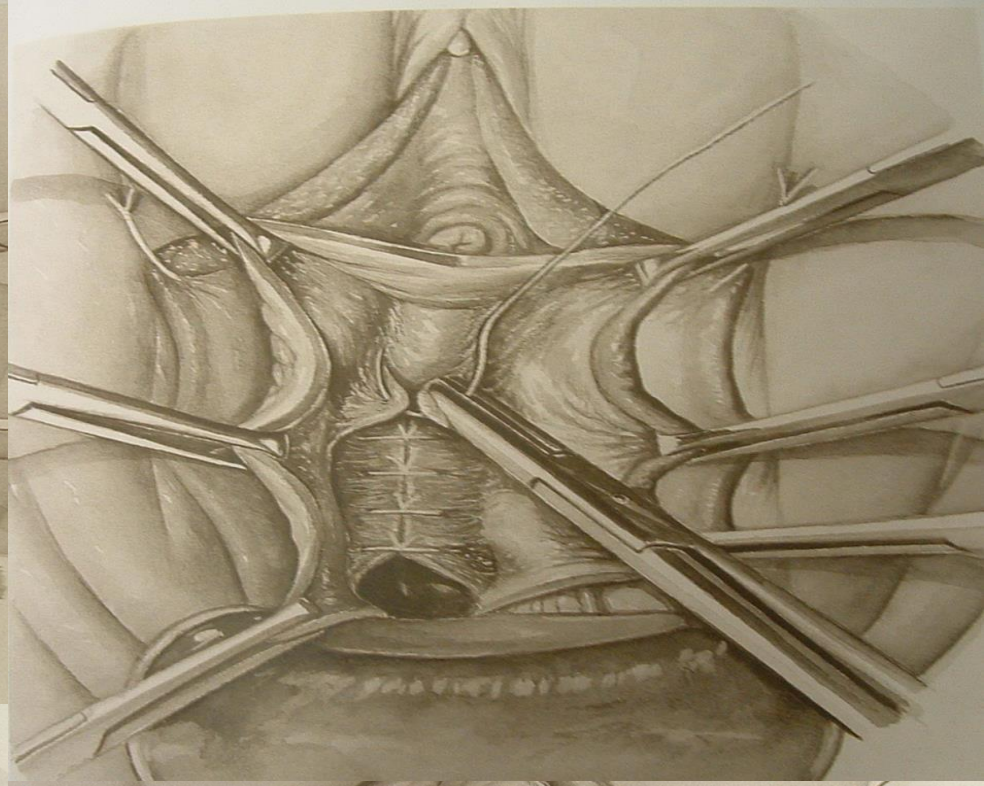


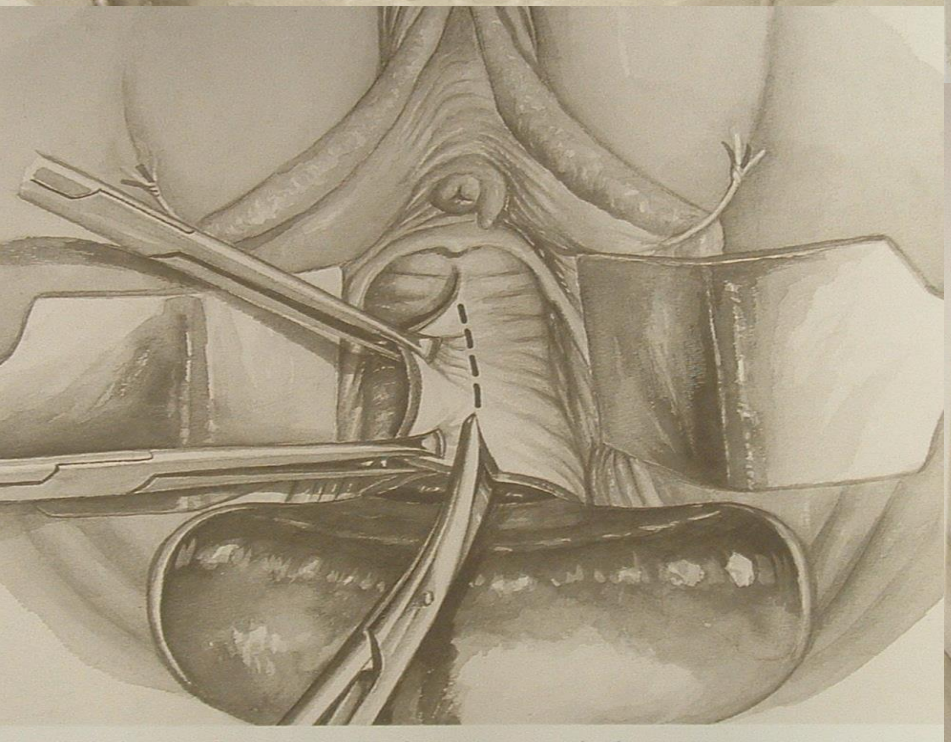


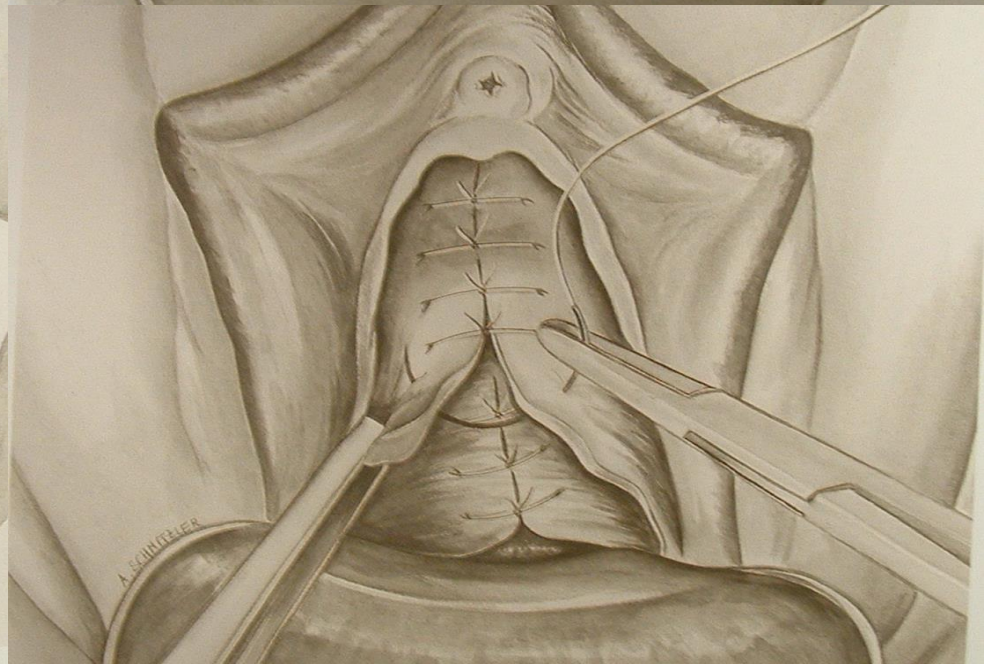


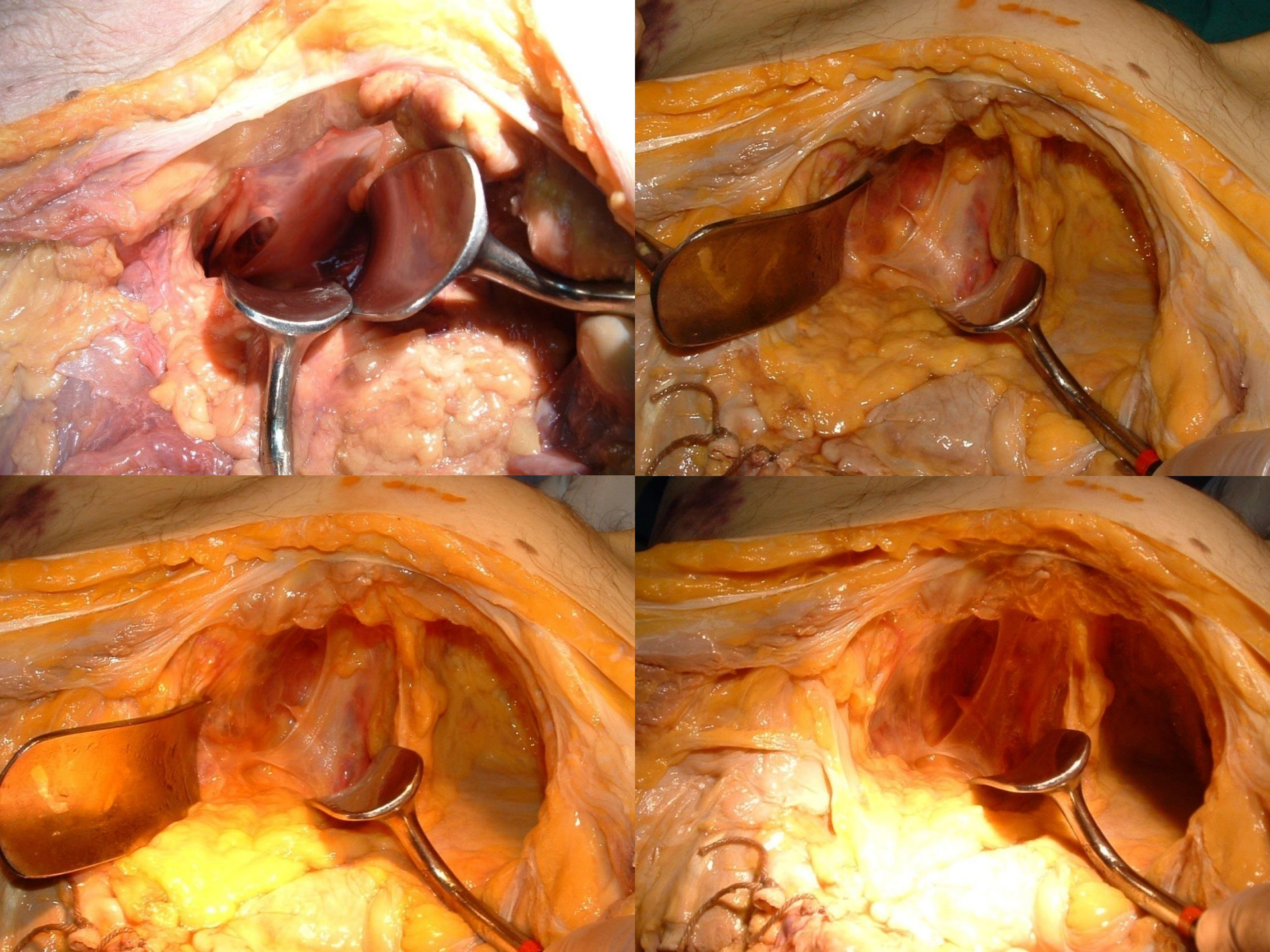
g. 14.8 Tiempo anterior de la reparación. Los ligamentos vesicouterinos s

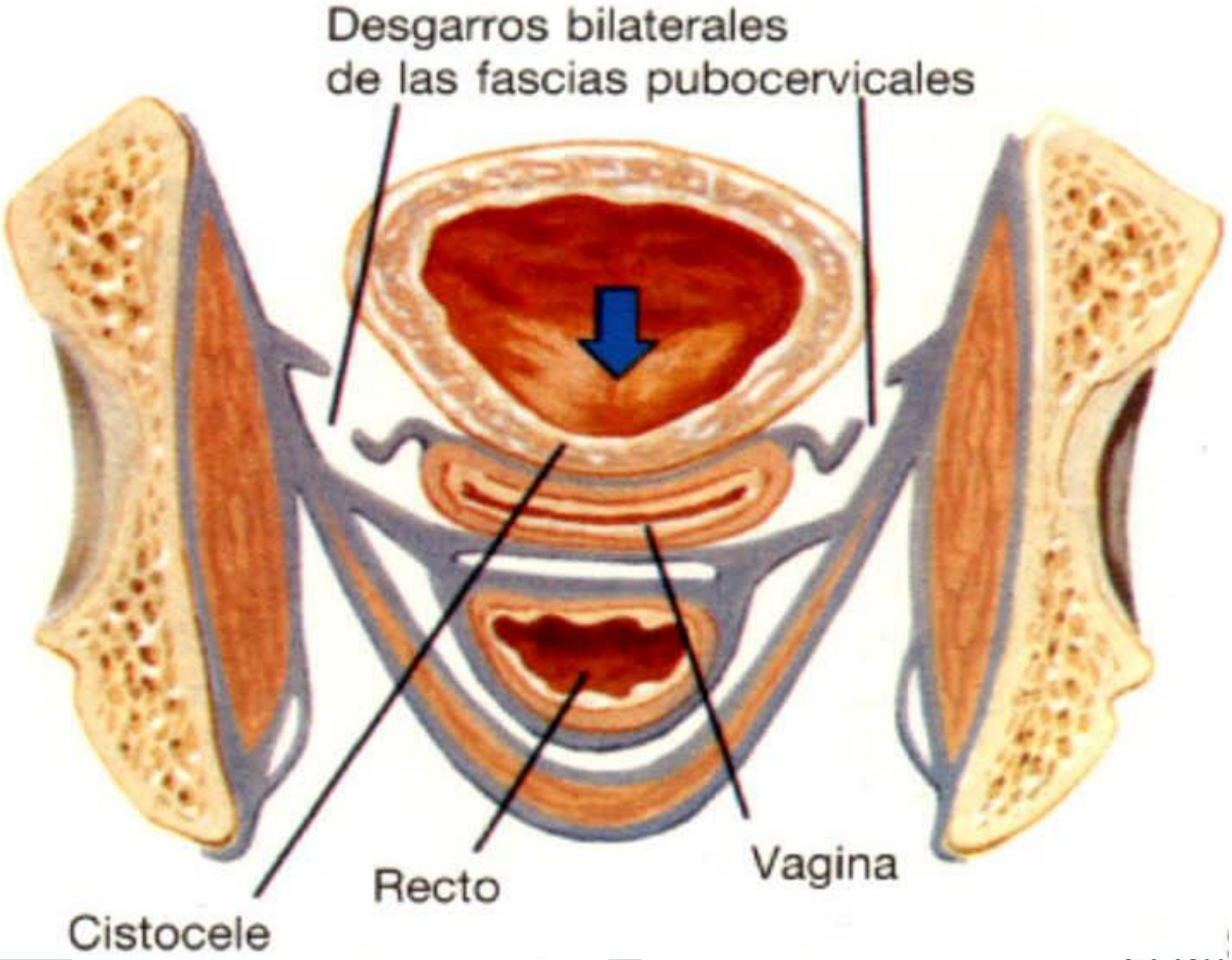


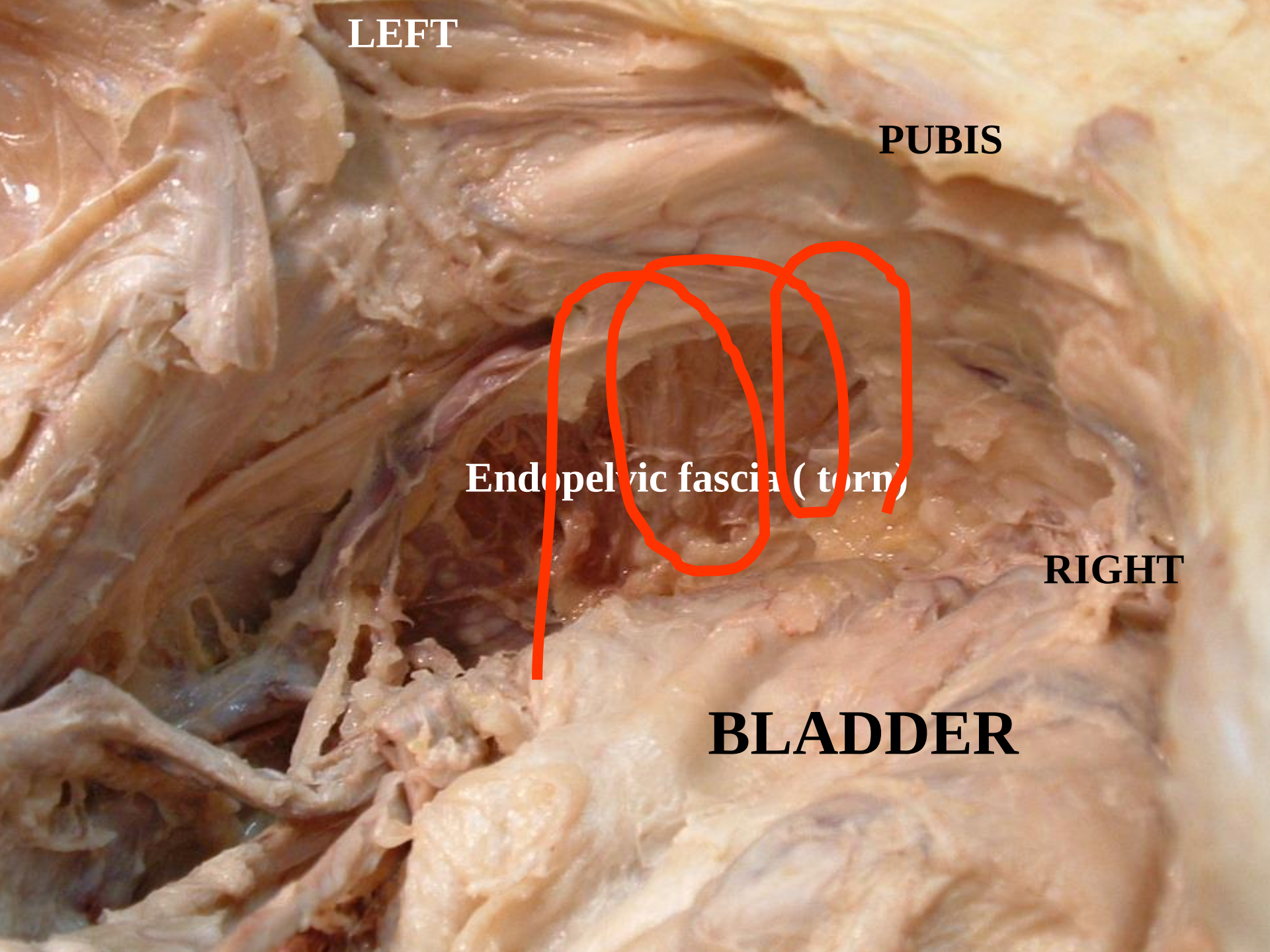


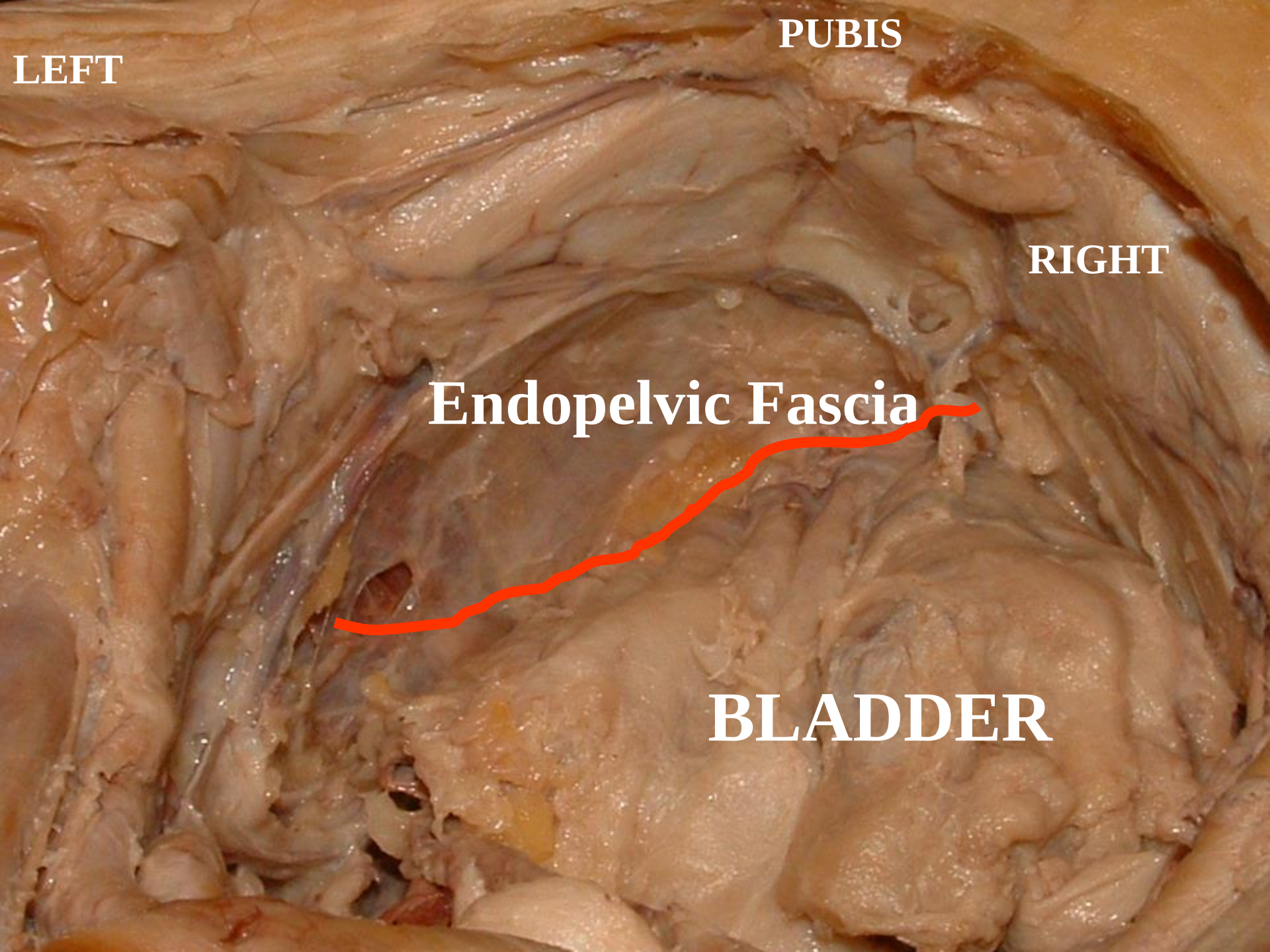



A. SCHNITZLER




Desgarros bilaterales
de las fascias pubocervicales
Cistocele
Recto
Vagina


LEFT
PUBIS
Endopelvic fascia (torn)
RIGHT
BLADDER


PUBIS
LEFT
RIGHT
Endopelvic Fascia
BLADDER

RECTOCELE/ENTEROCELE

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Urol Clin North Am 2019 Feb;46(1):79-85

Posterior Vaginal Wall Prolapse: Suture-Based Repair

Juan M. Guzman-Negron, MD*, Michele Fascelli, MD, Sandip P. Vasavada, MD

KEYWORDS

• Rectocele • Posterior compartment prolapse • Posterior colporrhaphy

KEY POINTS

- Posterior vaginal wall prolapse is a herniation of the anterior rectal wall producing a vaginal bulge and is often associated with a wide range of clinical symptoms, including pain, constipation, and splinting to achieve defecation.
- Managing patient expectations is of utmost importance when considering any rectocele repair intervention and will make an impact on the postoperative perception of satisfaction and improvement of the patient.
- Randomized studies have shown no benefit to the use of synthetic or biological graft compared with suture-based posterior compartment repairs.
- Recurrence rates after posterior colporrhaphy are lower when compared with transanal approaches.
- Transvaginal techniques should be considered first choice when managing posterior compartment prolapse.

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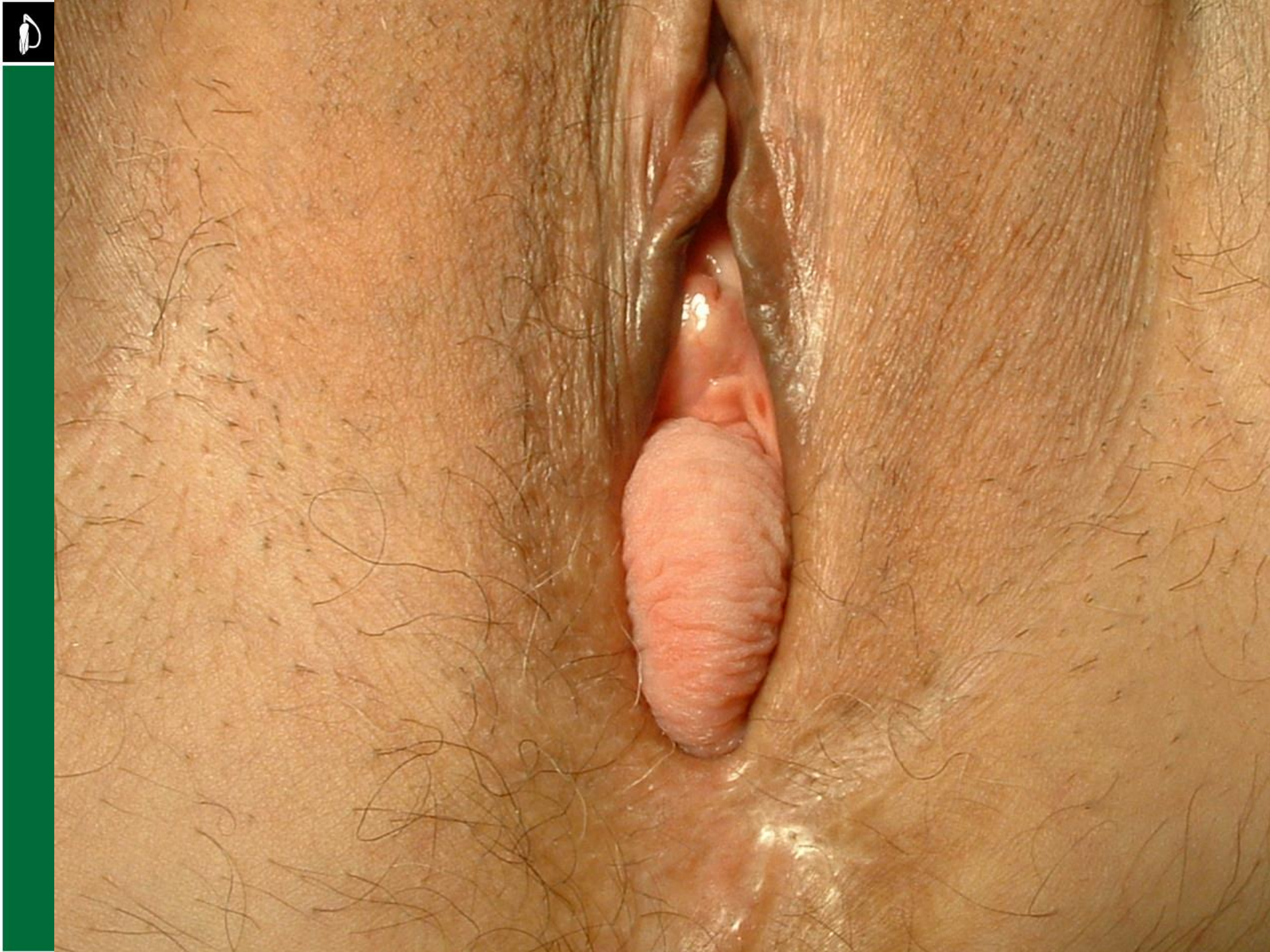

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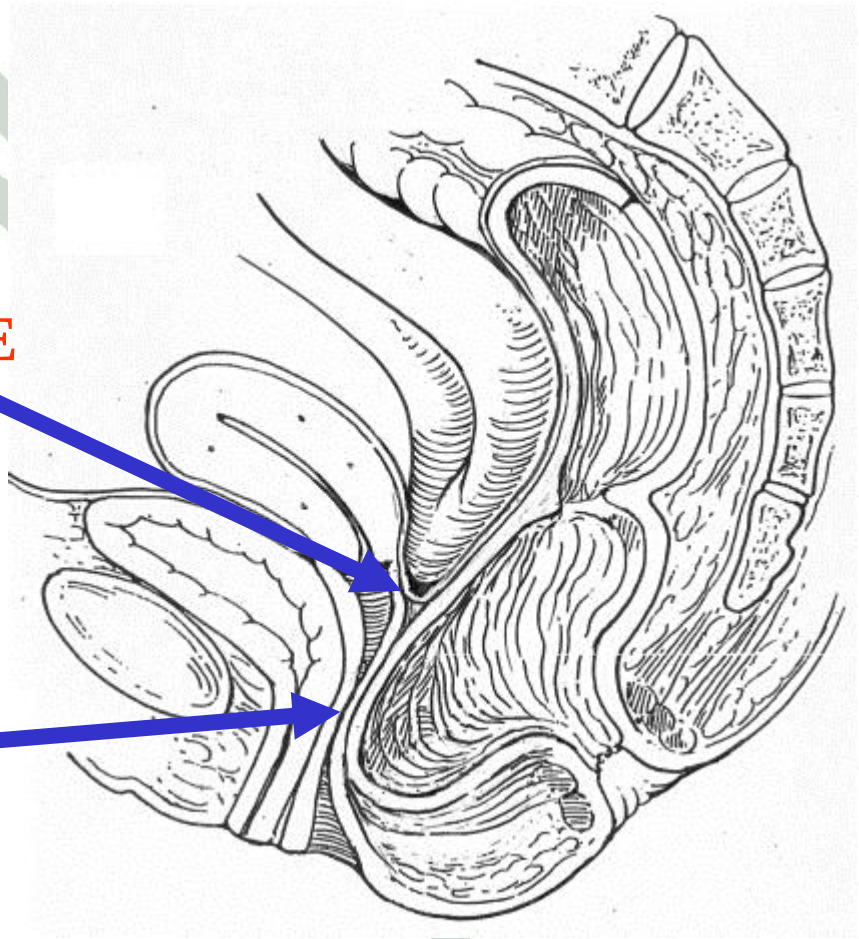
RECTOCELE



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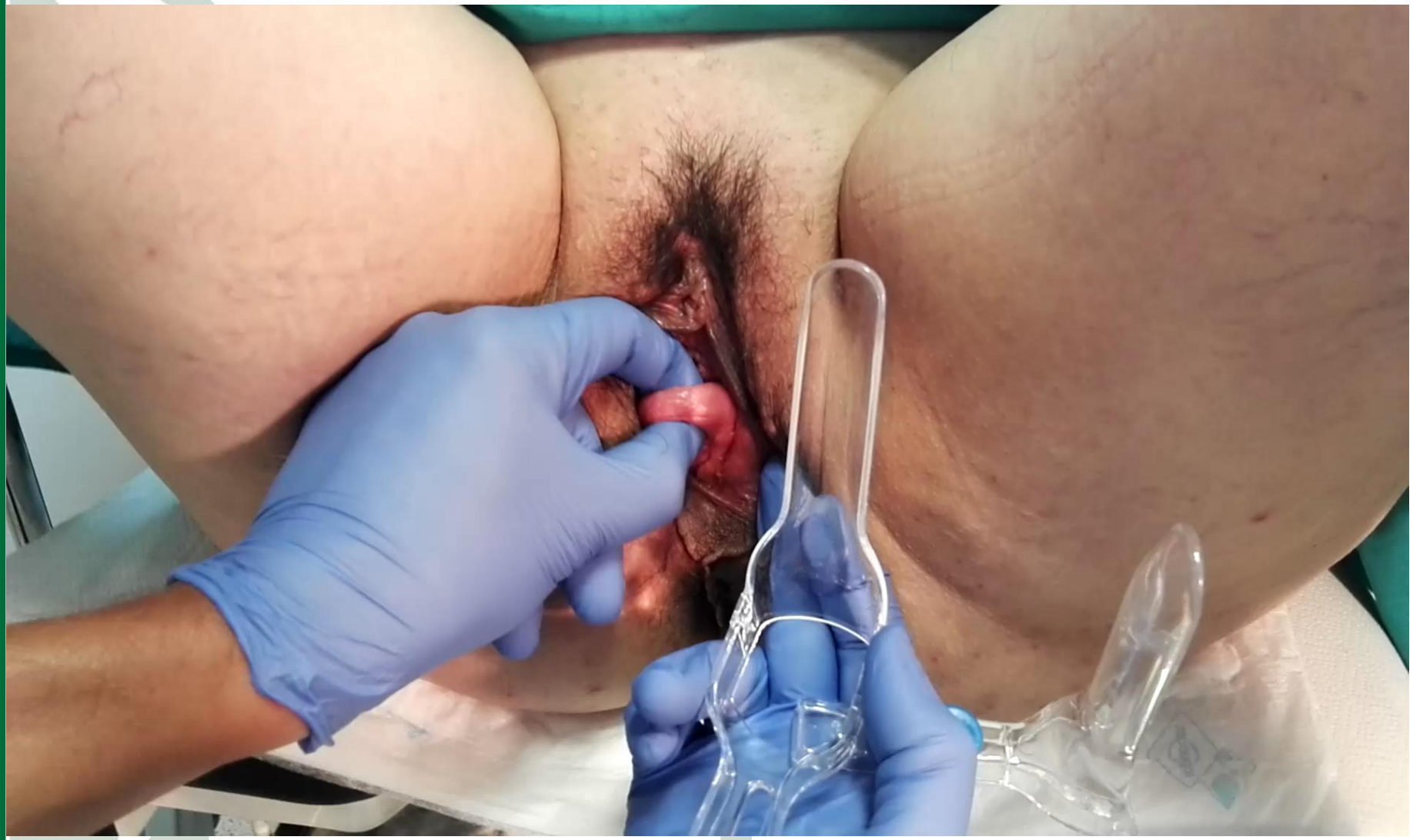

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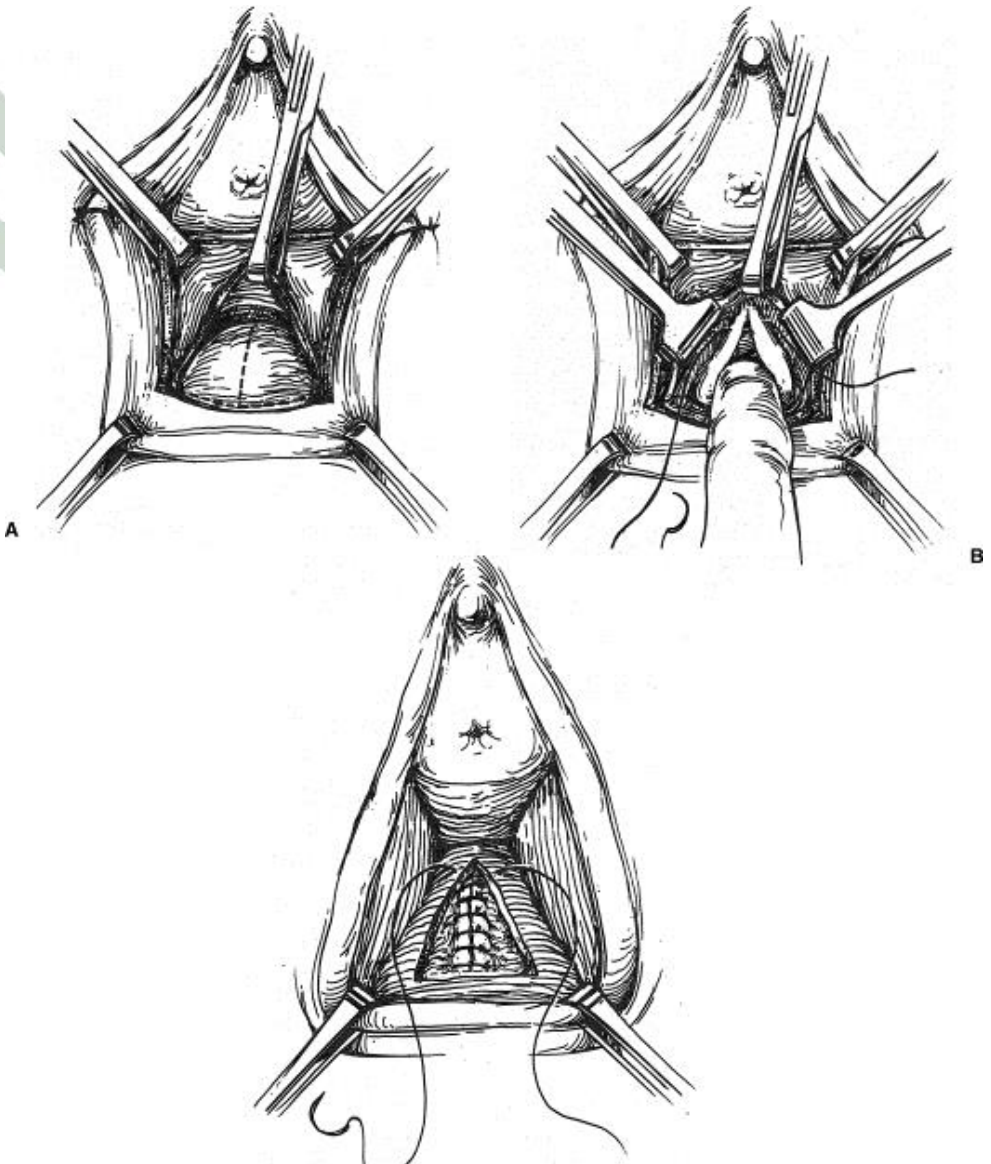
POSTERIOR COLPORRAPHY



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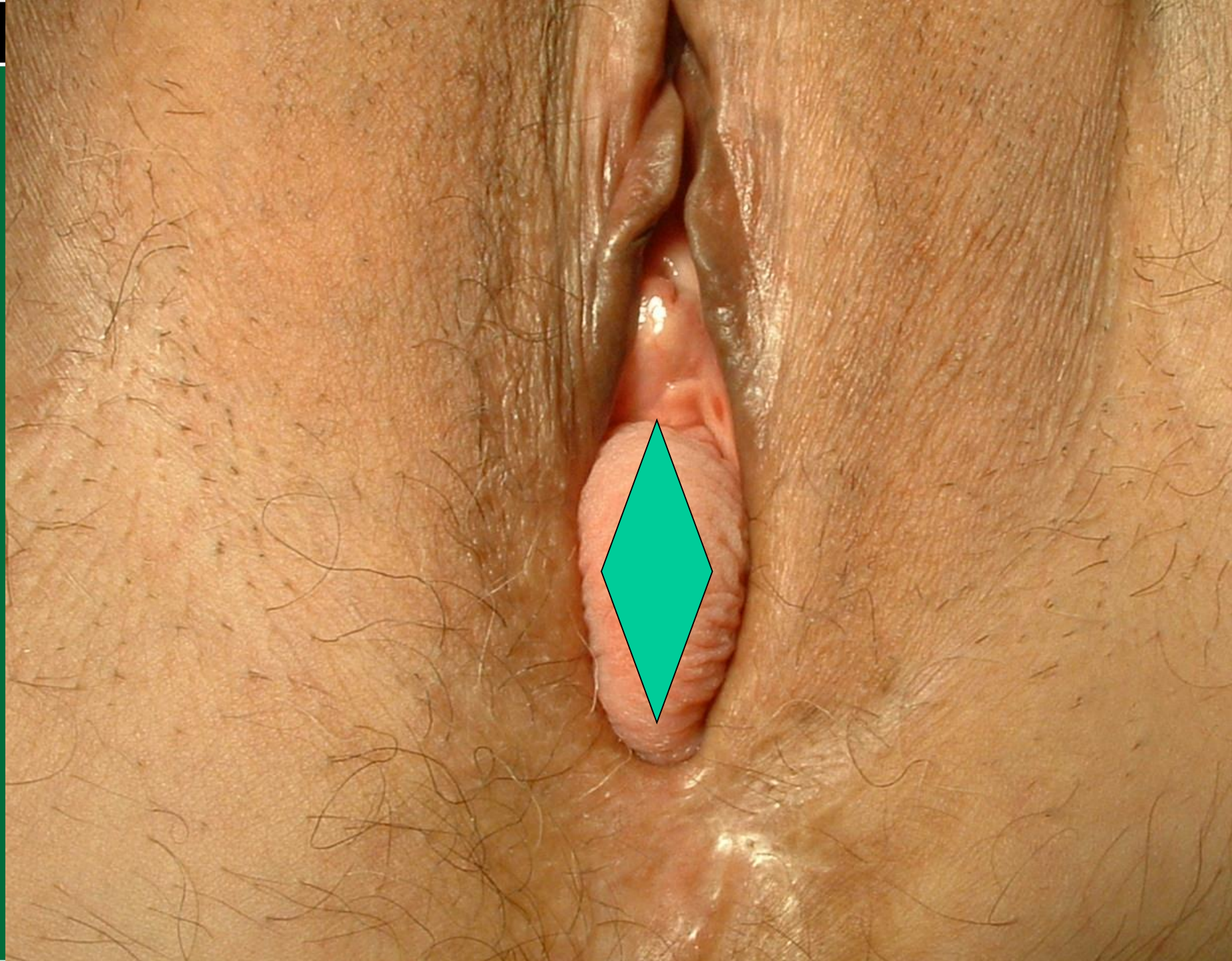

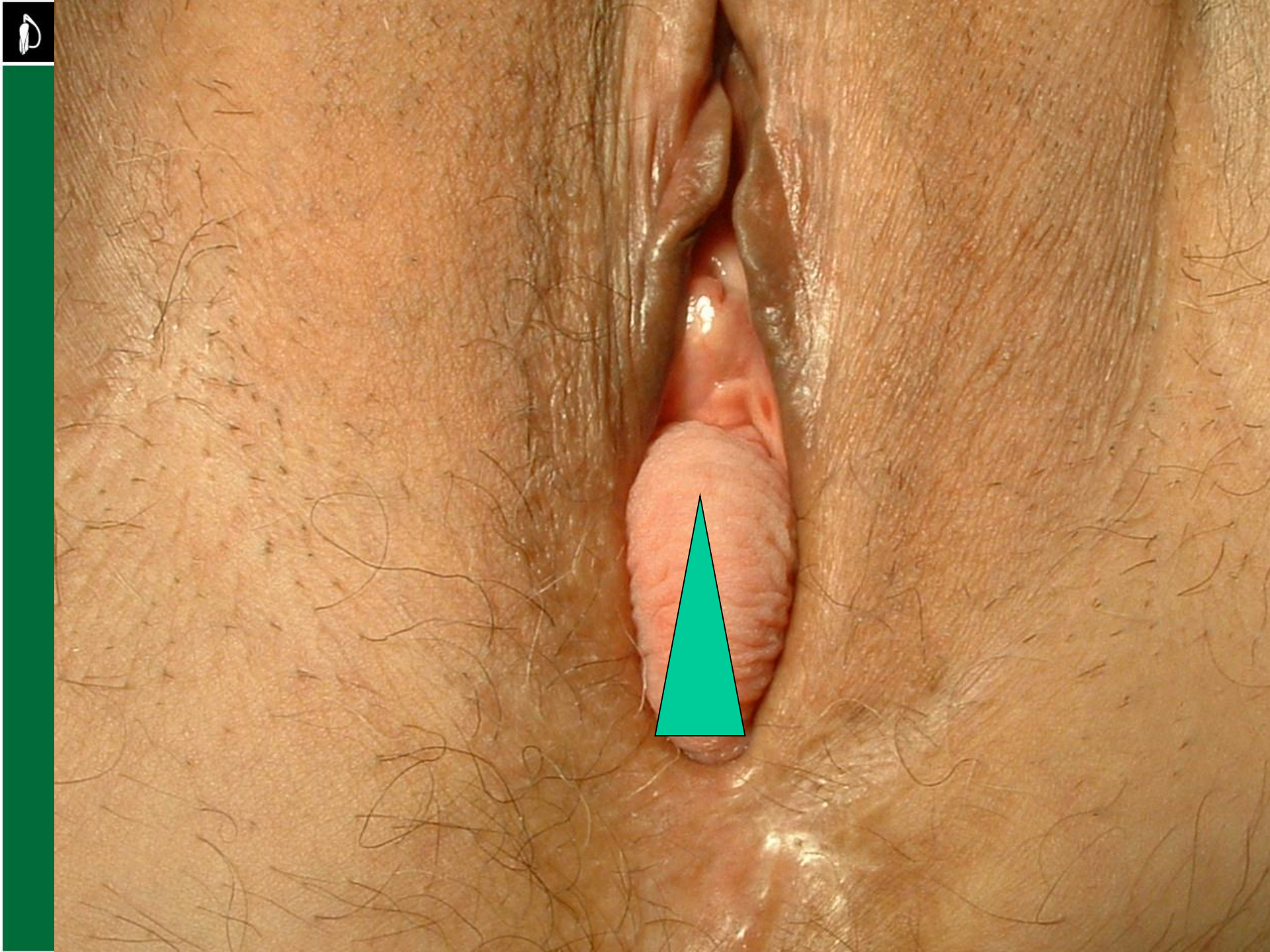

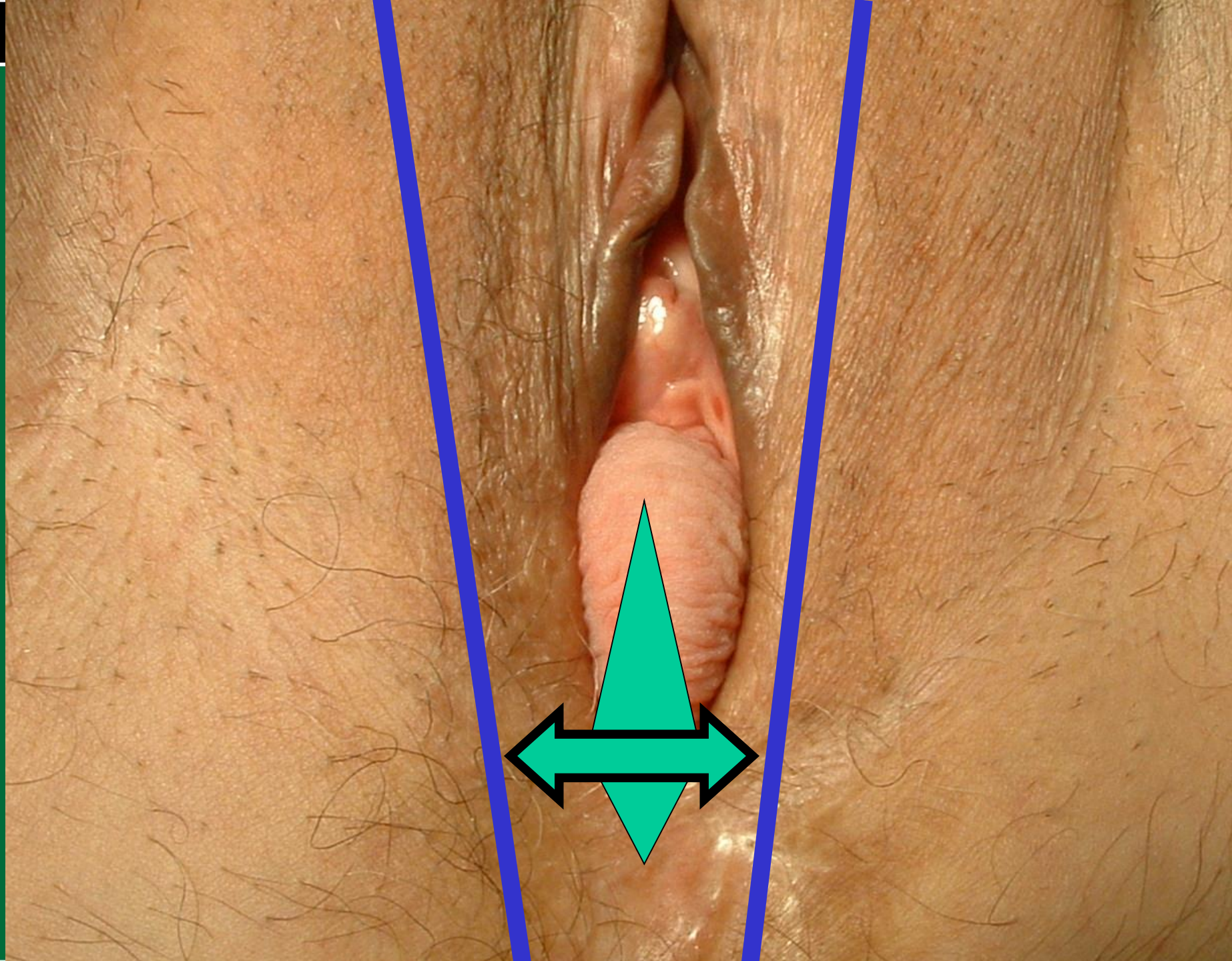

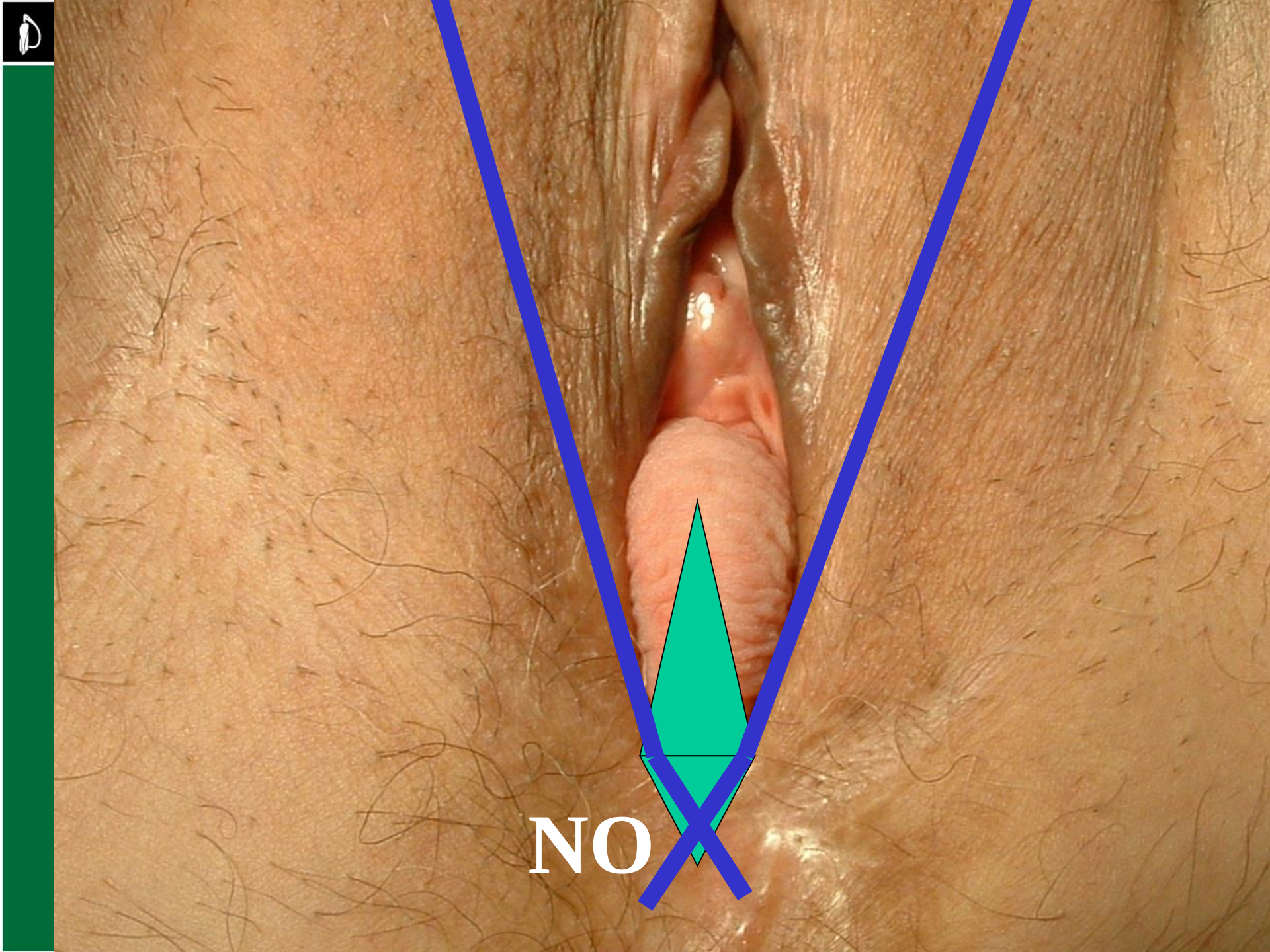
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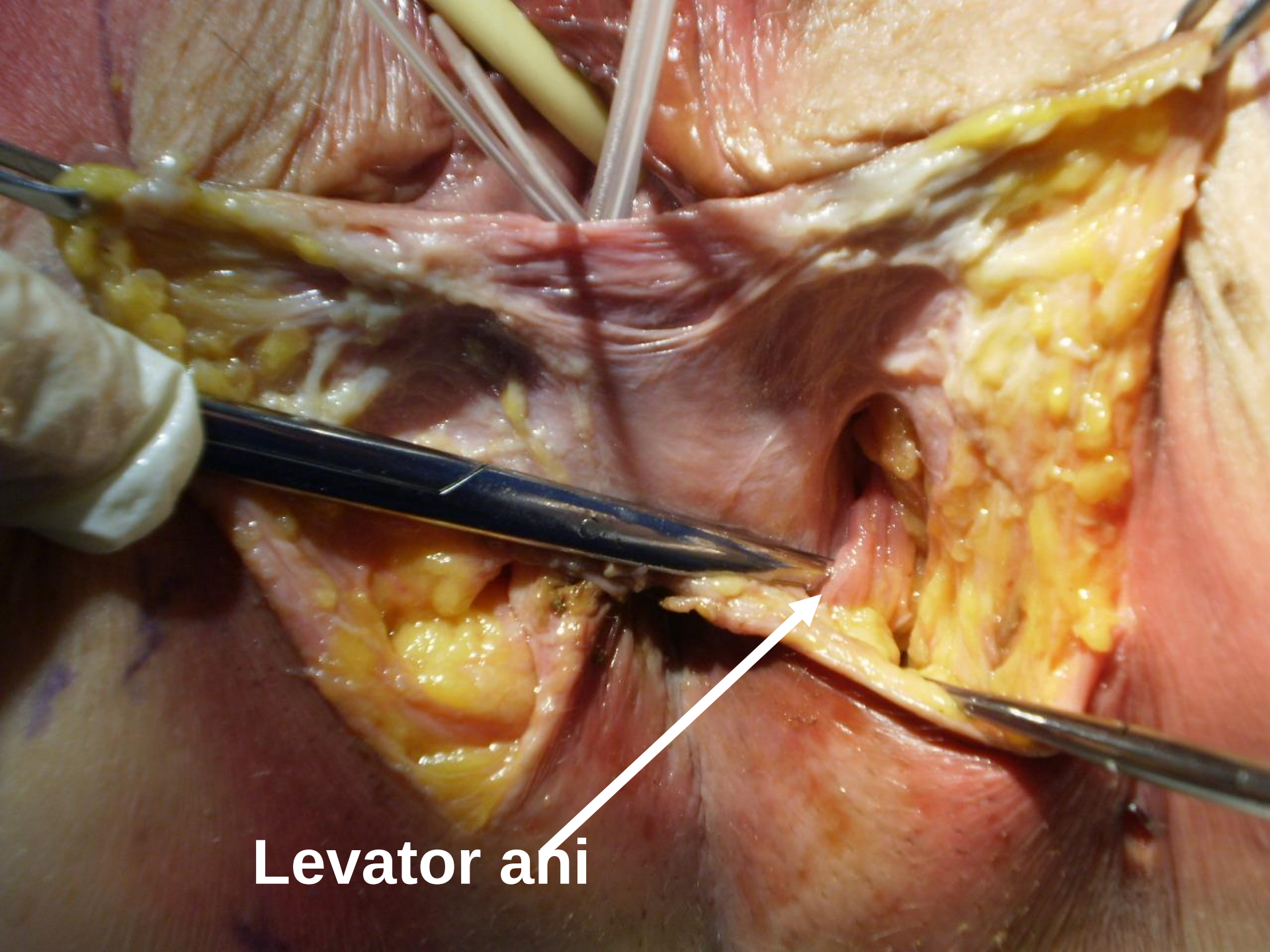
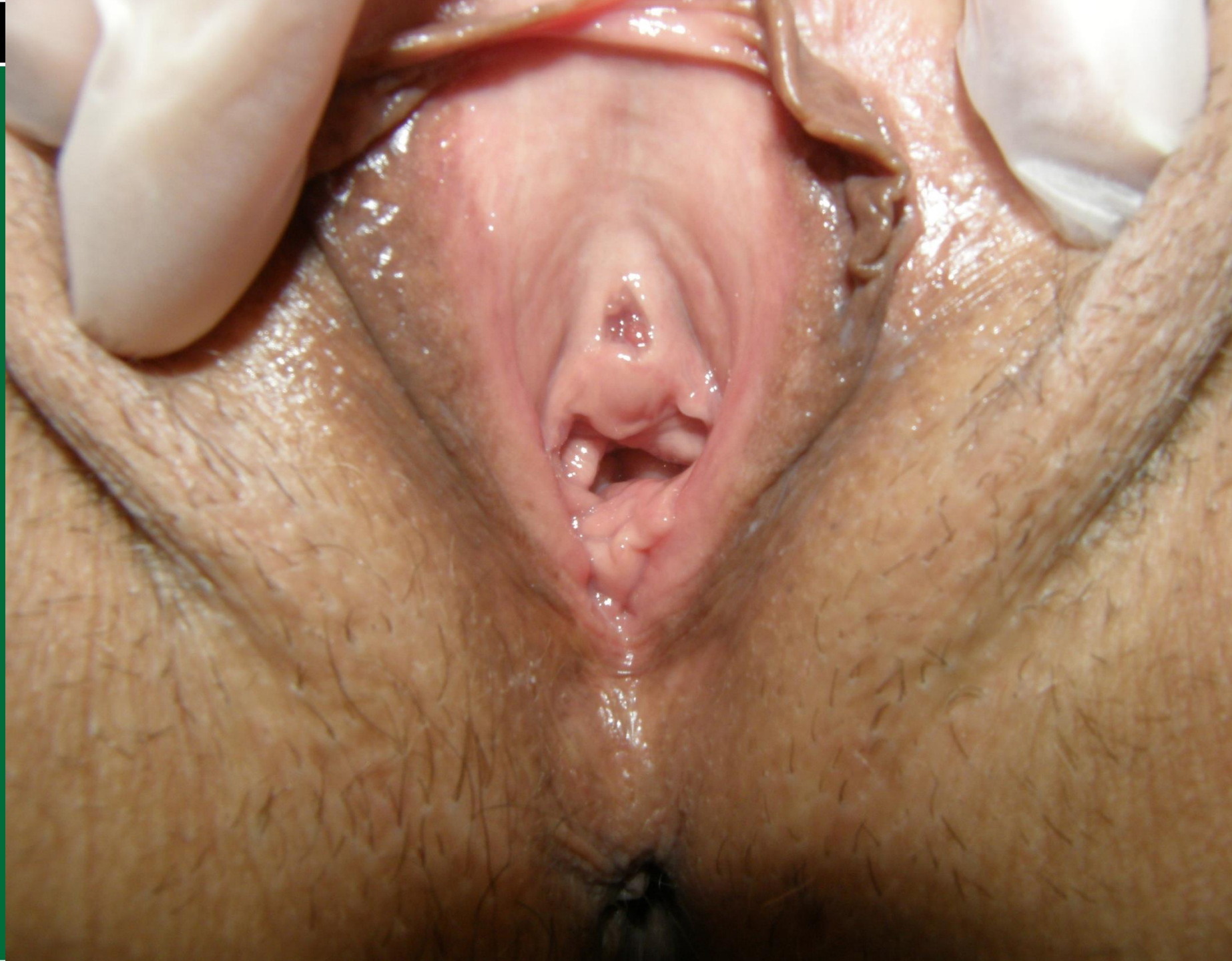

Levator ani



MANCHESTER

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International Urogynecology Journal (2018) 29:431–440
https://doi.org/10.1007/s00192-017-3519-9

ORIGINAL ARTICLE

The Manchester-Fothergill procedure versus vaginal hysterectomy with uterosacral ligament suspension: a matched historical cohort study

Cæcilie Krogsgaard Tolstrup[1,2] · Karen Ruben Husby[1,2] · Gunnar Lose[1,2] · Tine Iskov Kopp[3] · Petra Hall Viborg[3] · Ulrik Schiøler Kesmodel[1,2] · Niels Klarskov[1,2]

Received: 11 August 2017 / Accepted: 6 November 2017 / Published online: 29 December 2017

Abstract

Introduction and hypothesis This study compares vaginal hysterectomy with uterosacral ligament suspension (VH) with the Manchester-Fothergill procedure (MP) for treating pelvic organ prolapse (POP) in the apical compartment.

Methods Our matched historical cohort study is based on data from four Danish databases and the corresponding electronic medical records. Patients with POP surgically treated with VH ($n = 295$) or the MP ($n = 295$) in between 2010 and 2014 were matched for age and preoperative POP stage in the apical compartment. The main outcome was recurrent or de novo POP in any compartment. Secondary outcomes were recurrent or de novo POP in each compartment and complications.

Results The risk of recurrent or de novo POP in any compartment was higher after VH (18.3%) compared with the MP (7.8%) (Hazard ratio, HR = 2.5, 95% confidence interval (CI): 1.3–4.8). Recurrence in the apical compartment occurred in 5.1% after VH vs. 0.3% after the MP (hazard ratio (HR) = 10.0, 95% confidence interval (CI) 1.3–78.1). In the anterior compartment, rates of recurrent or de novo POP were 11.2% after VH vs. 4.1% after the MP (HR = 3.5, 95% CI 1.4–8.7) and in the posterior compartment 12.9% vs. 4.7% (HR = 2.6, 95% CI 1.3–5.4), respectively. There were more perioperative complications (2.7 vs. 0%, $p = 0.007$) and postoperative intra-abdominal bleeding (2 vs. 0%, $p = 0.03$) after VH.

Conclusions This study shows that the MP is superior to VH; if there is no other indication for hysterectomy, the MP should be preferred to VH for surgical treatment of POP in the apical compartment.

Keywords Manchester-Fothergill procedure · Pelvic organ prolapse · Recurrence · Vaginal hysterectomy

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Int Urogynecol J (2011) 22:1171–1178

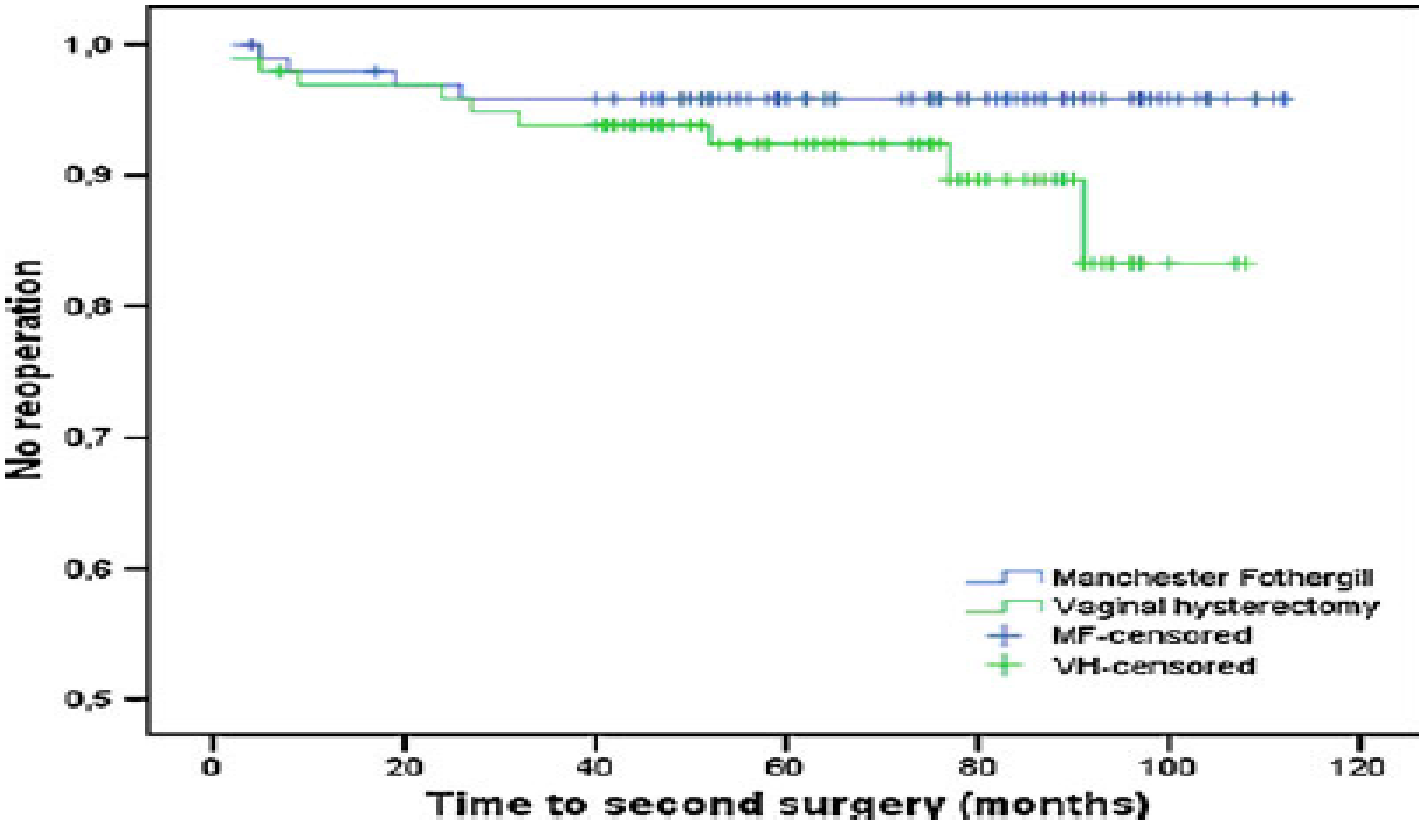

Fig. 1 Kaplan–Meier curve showing re-operation rates because of recurrent prolapse for both groups. The *blue line* represents the Manchester Fothergill procedure. The *green line* represents the vaginal hysterectomy

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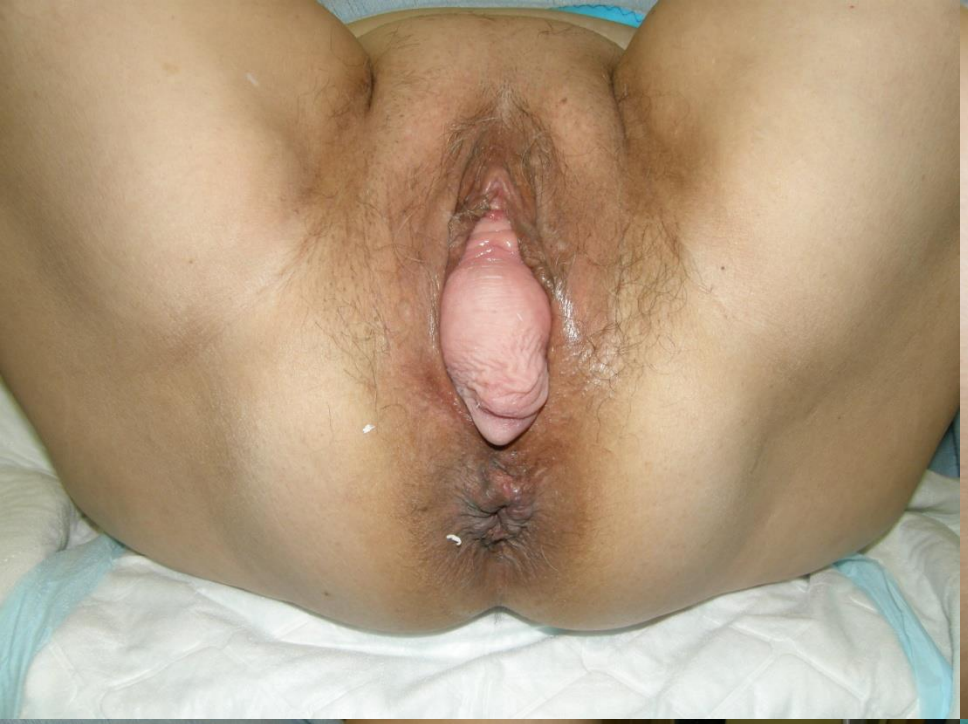
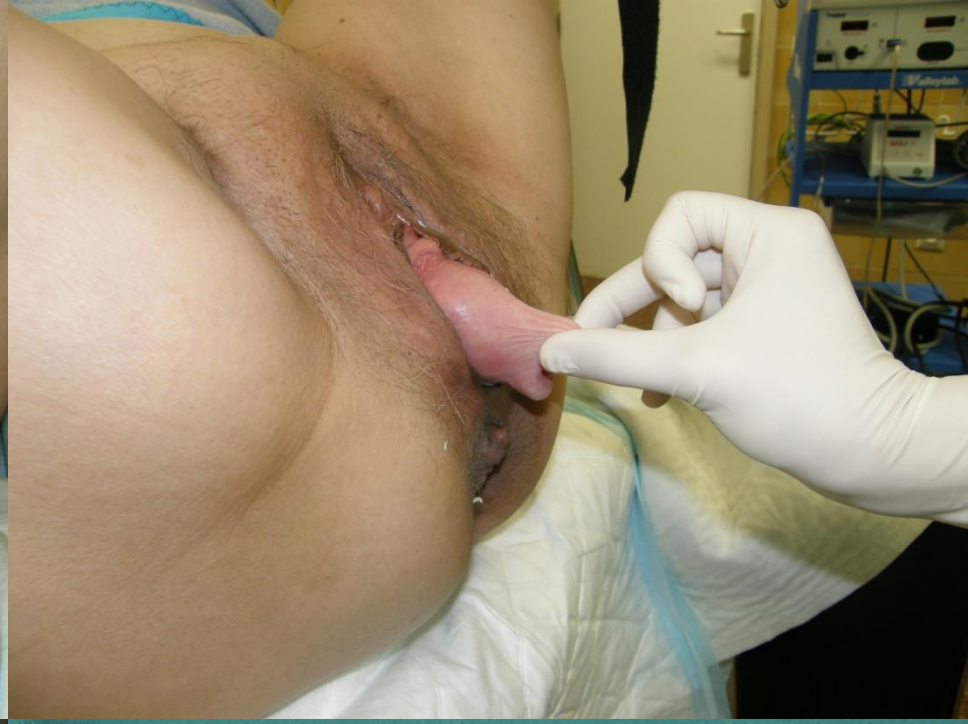
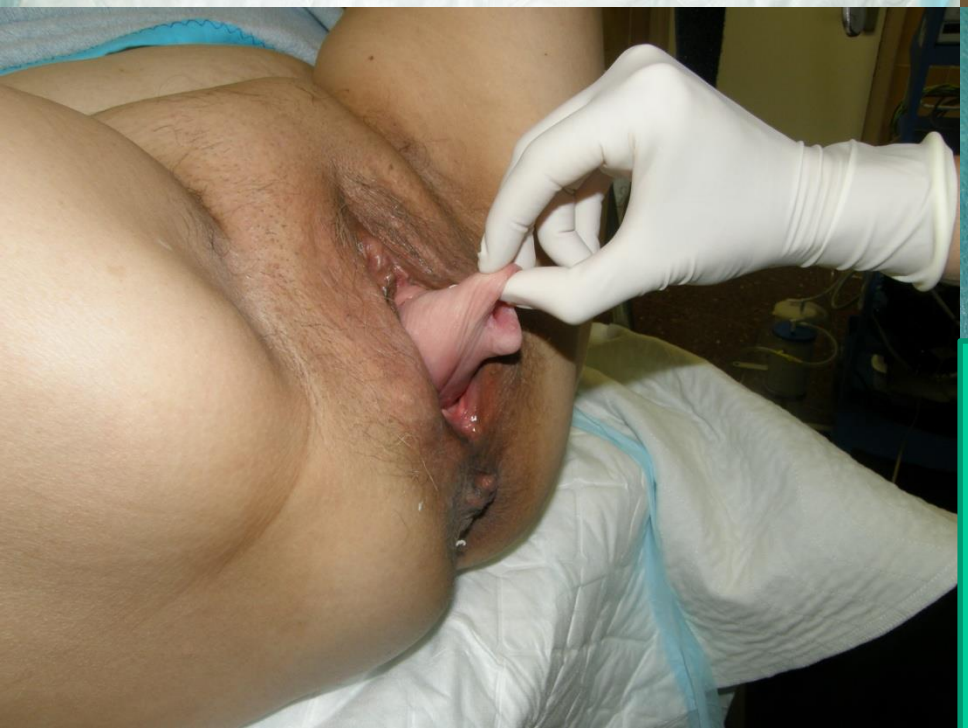
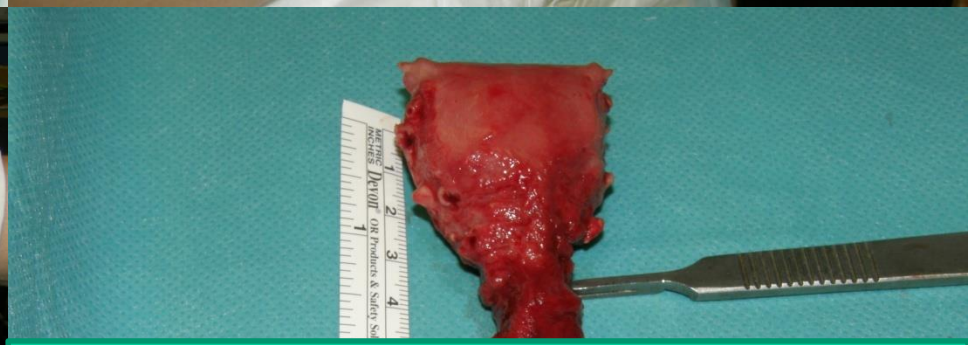
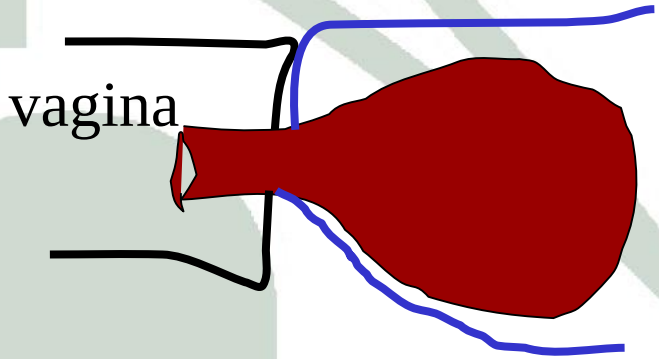







INCHES
DEVON
OR Products & Safety

CERVICAL ELONGATION



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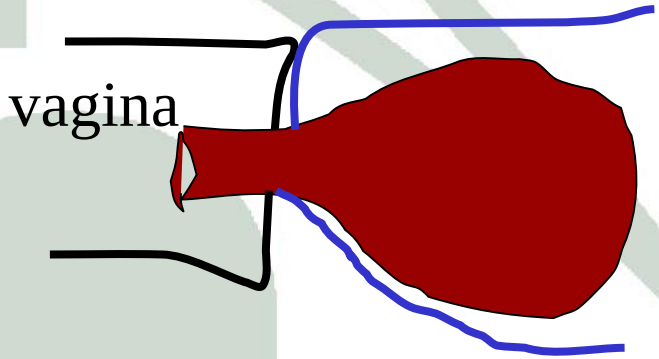

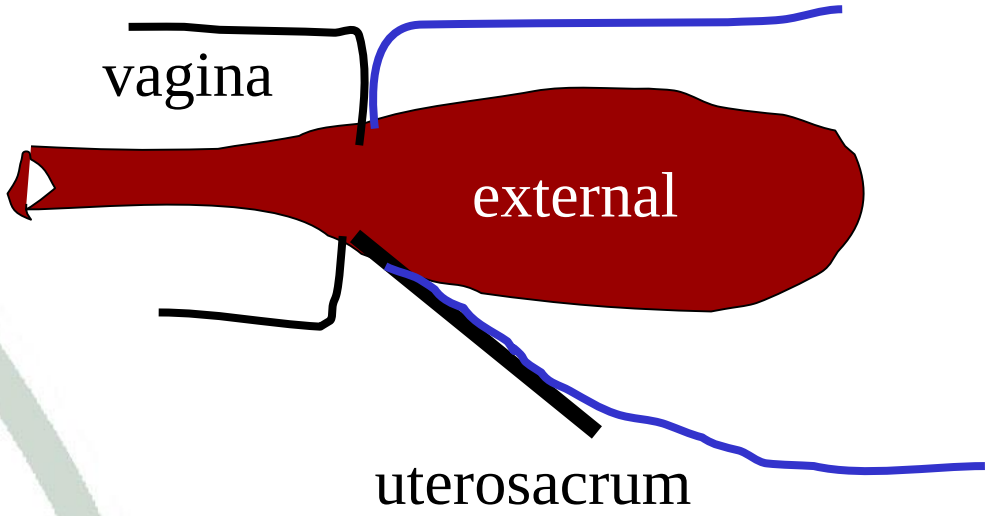

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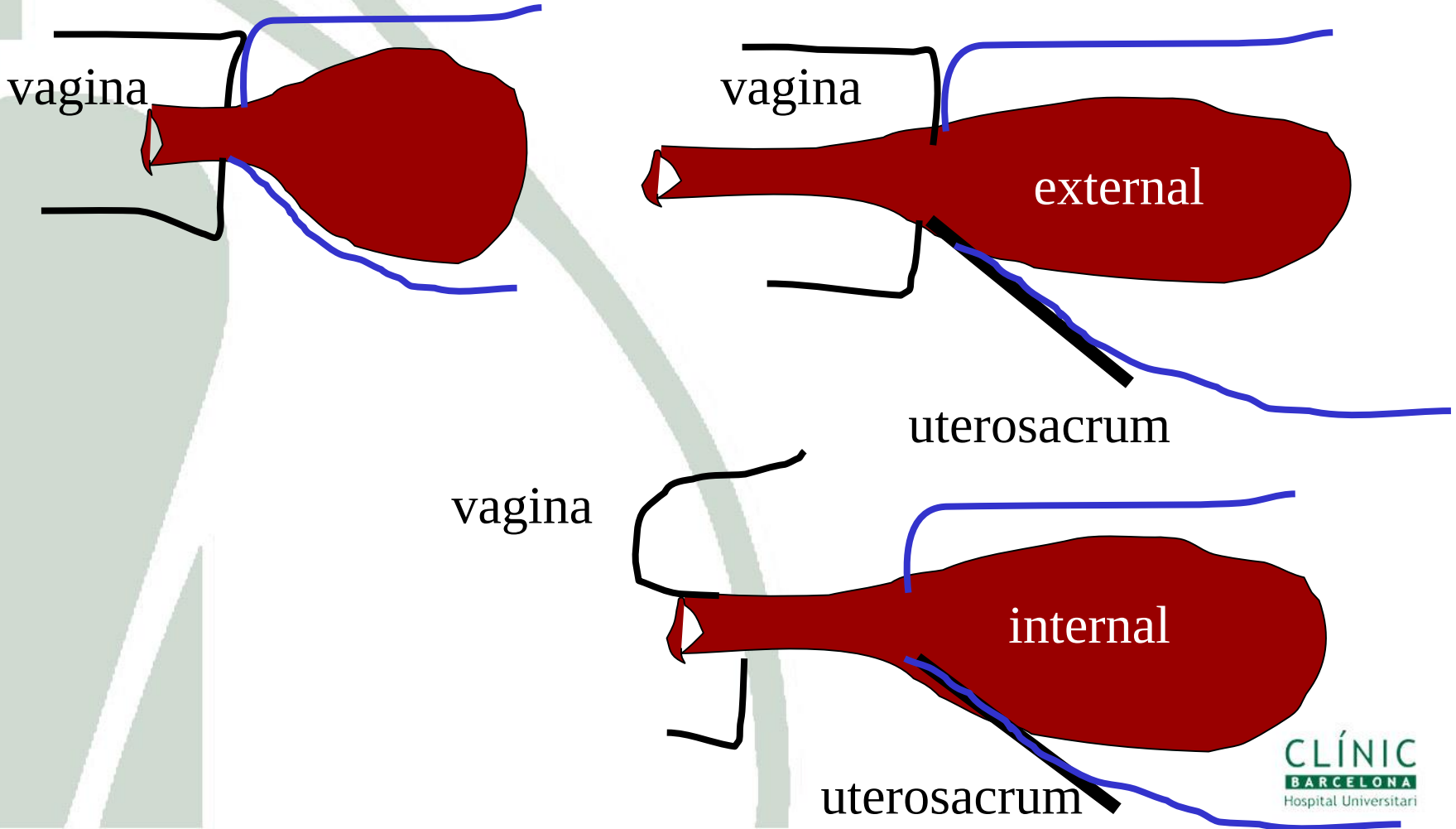

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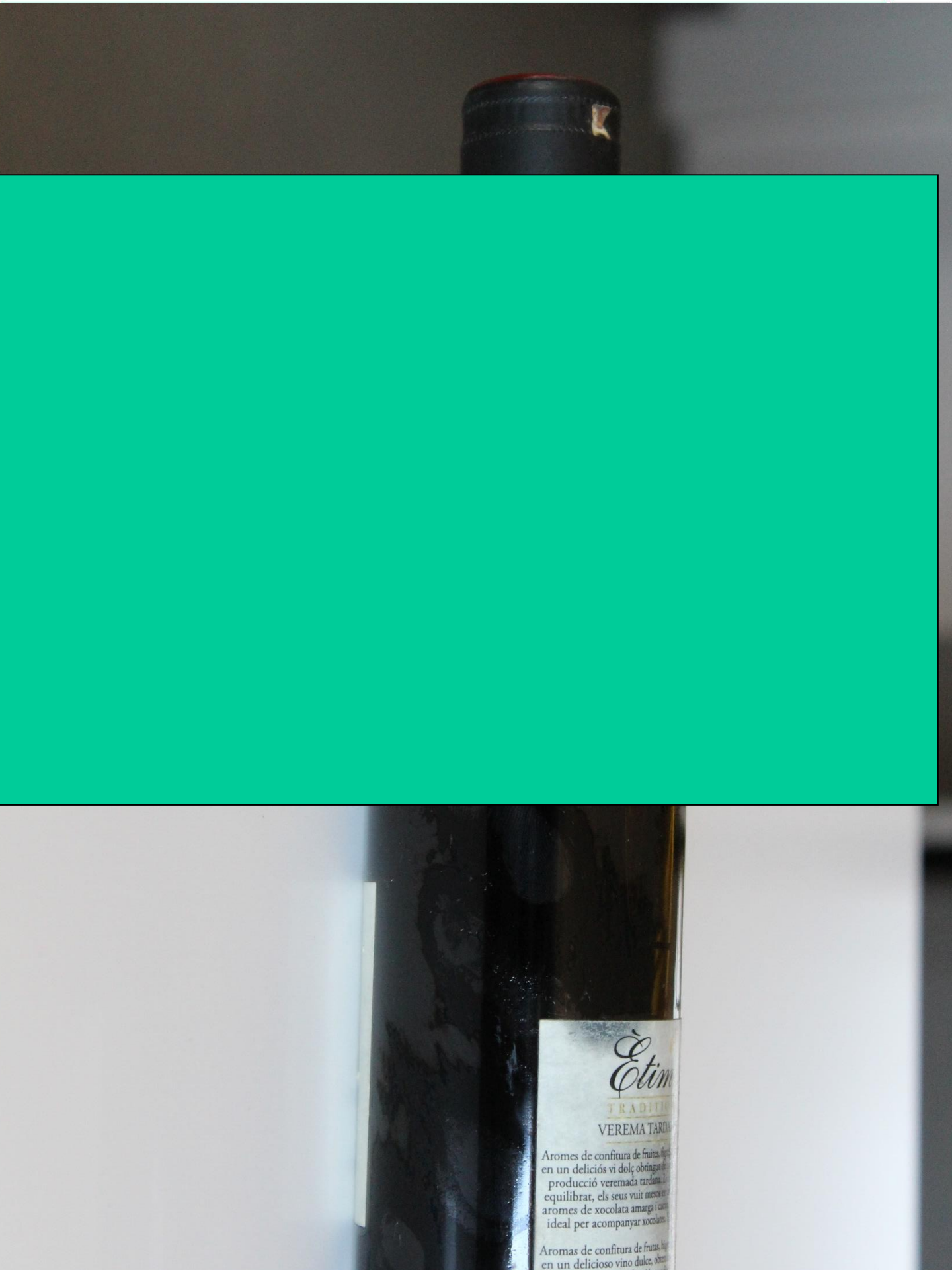
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negra de baja producción
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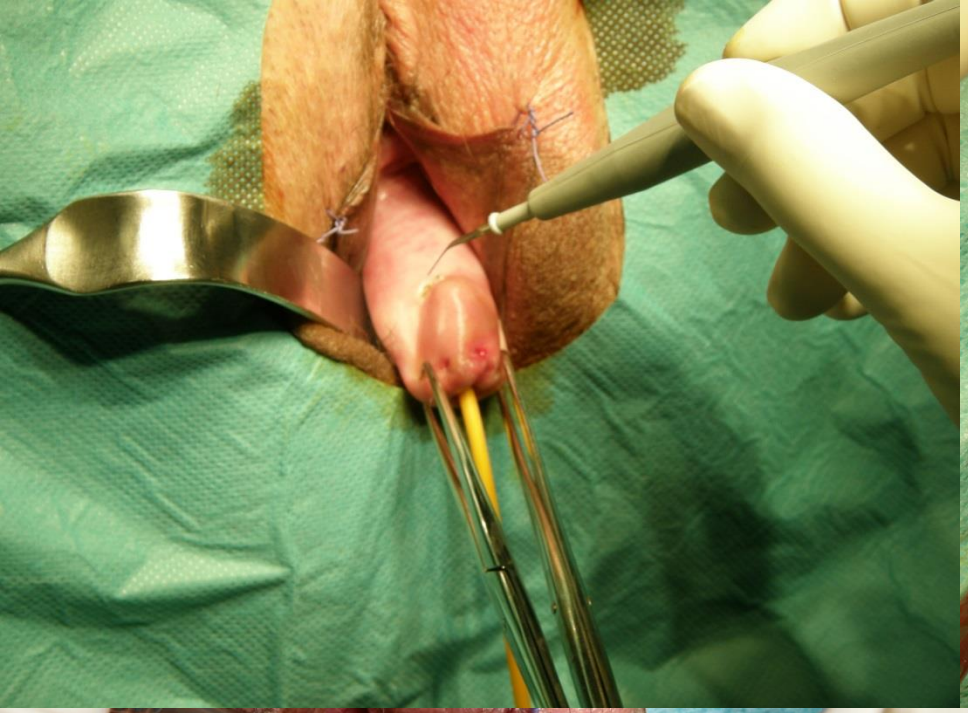
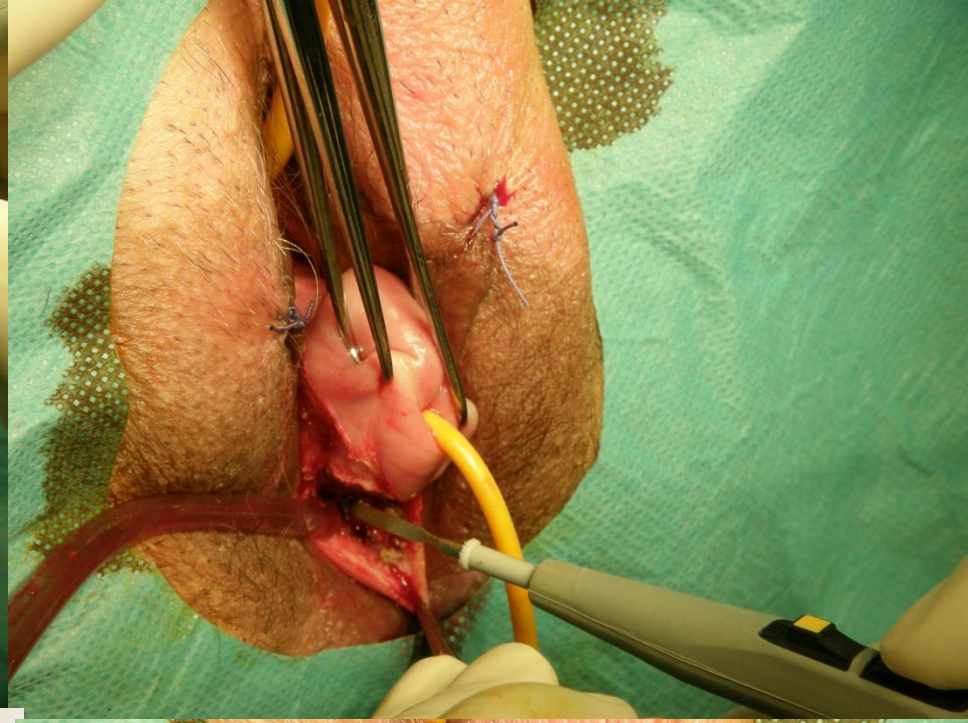
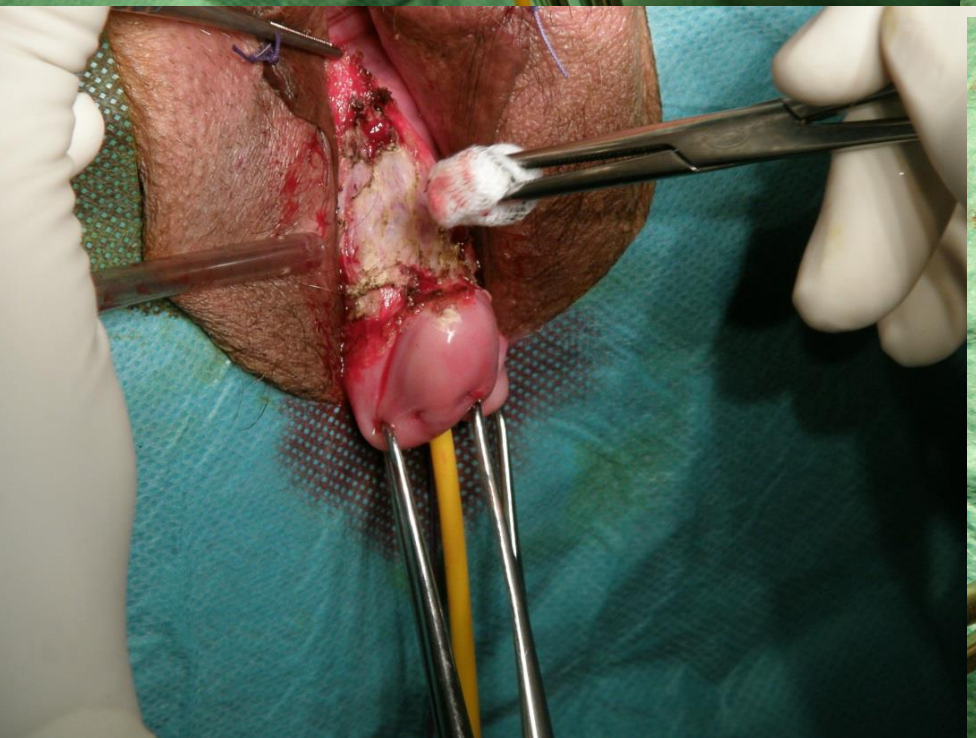
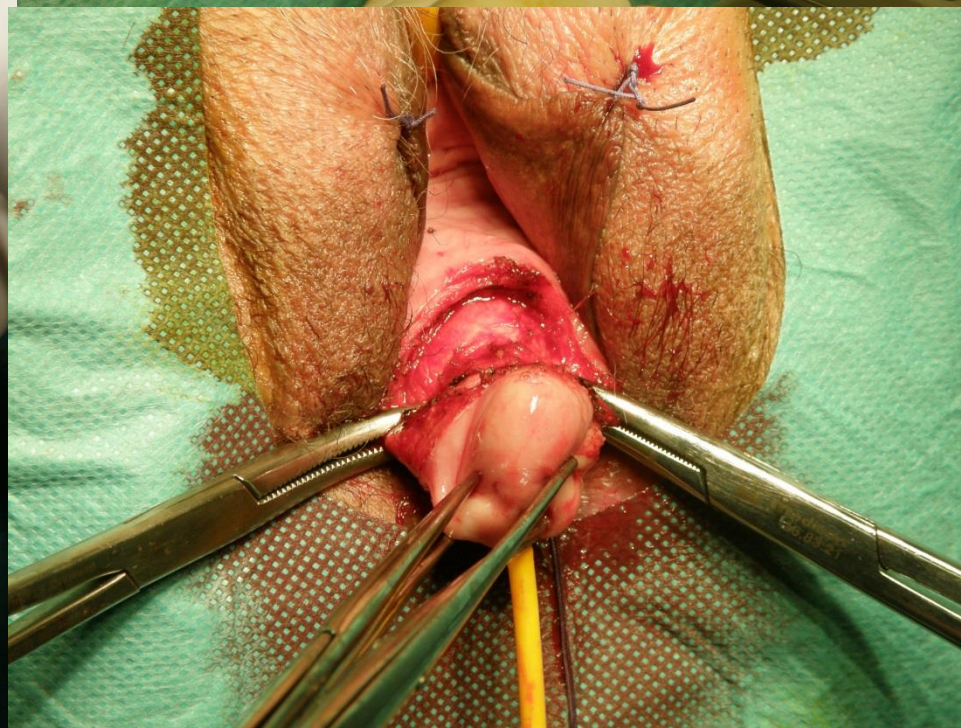
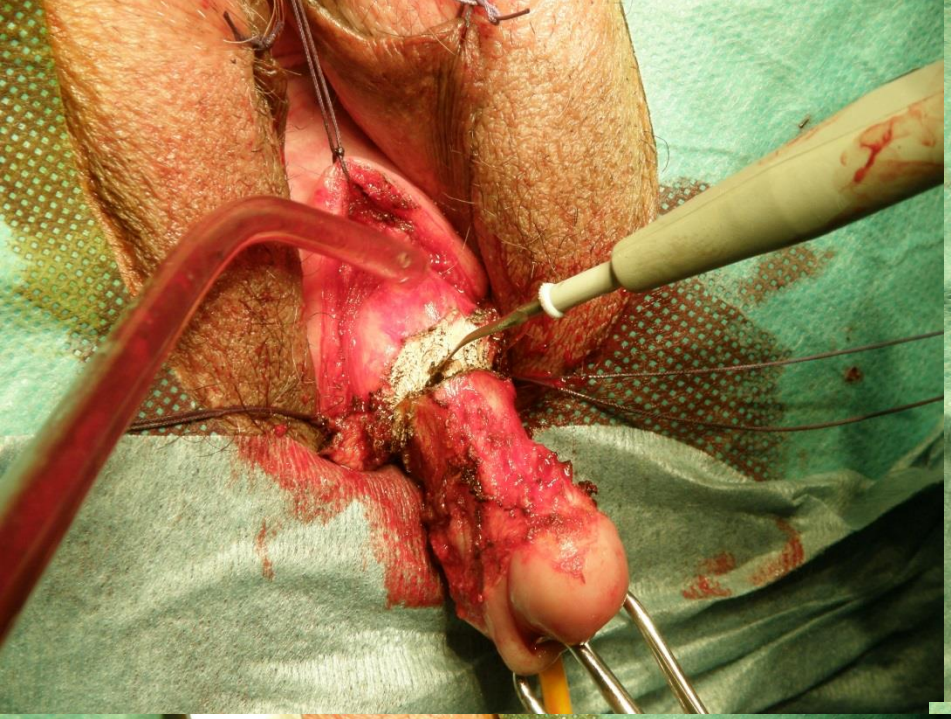
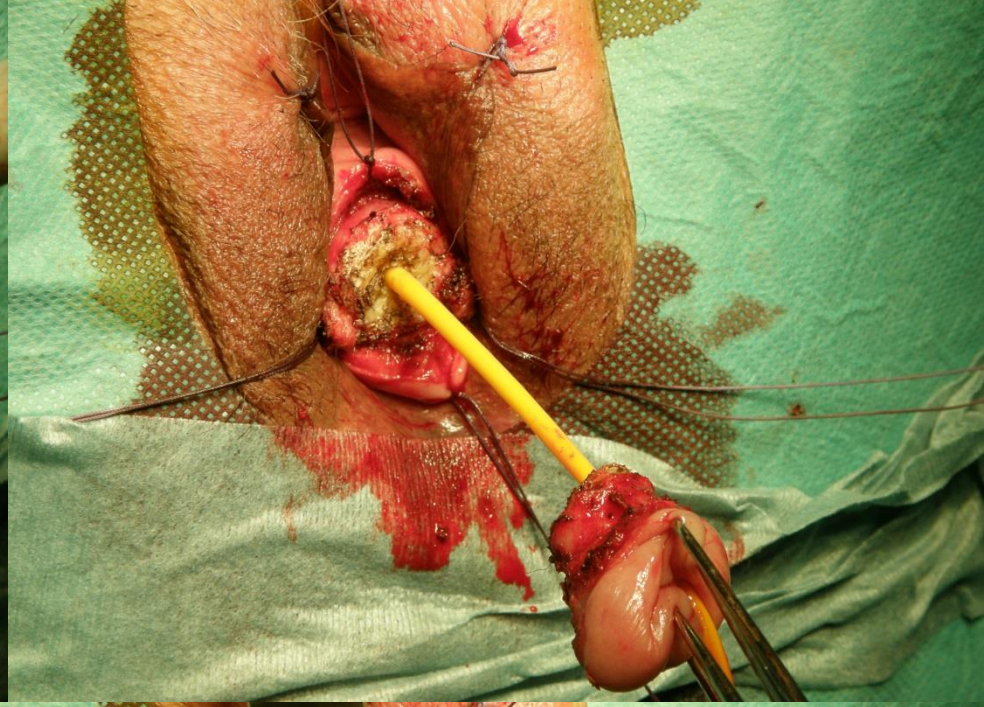
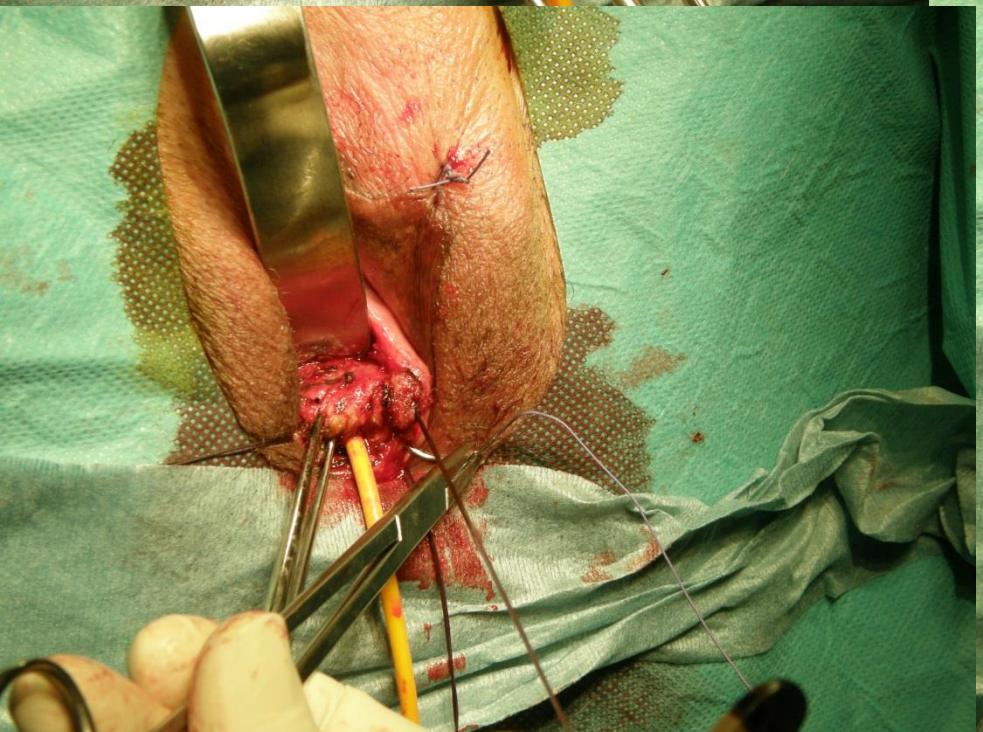
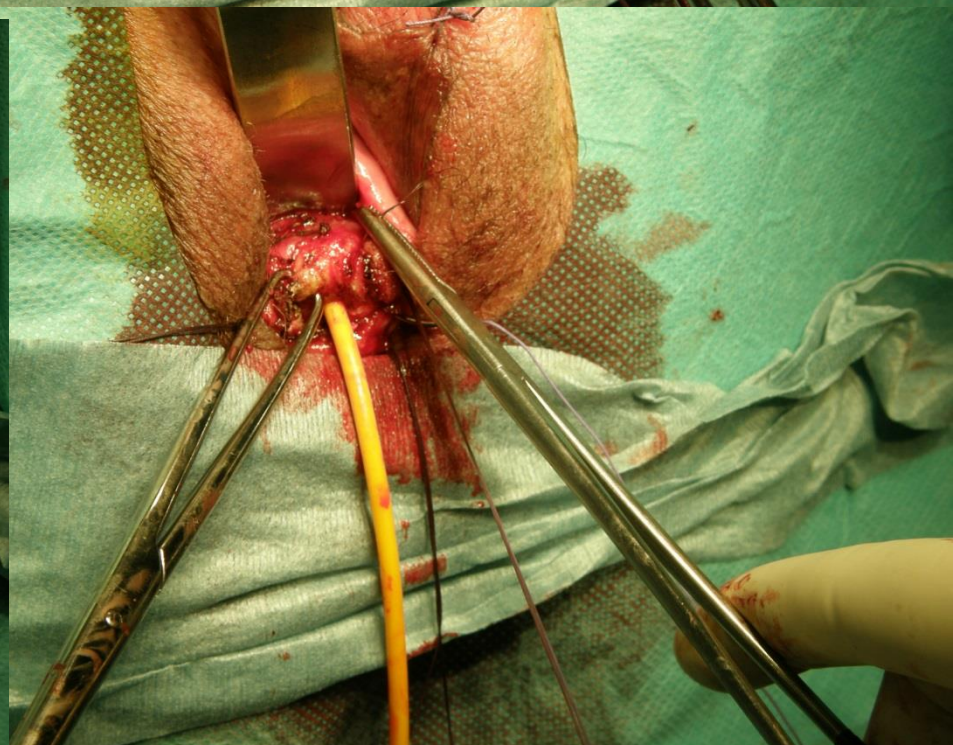
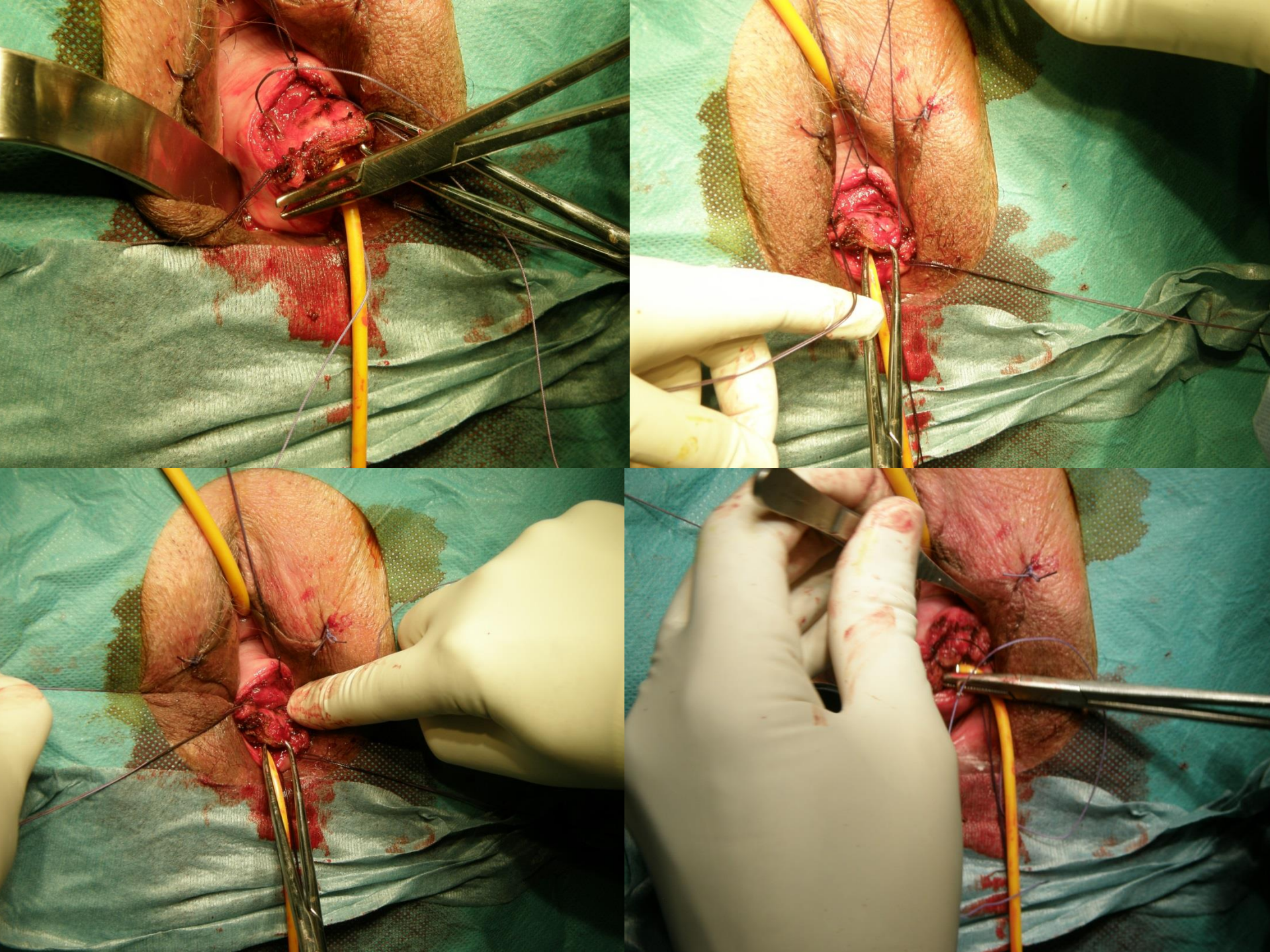
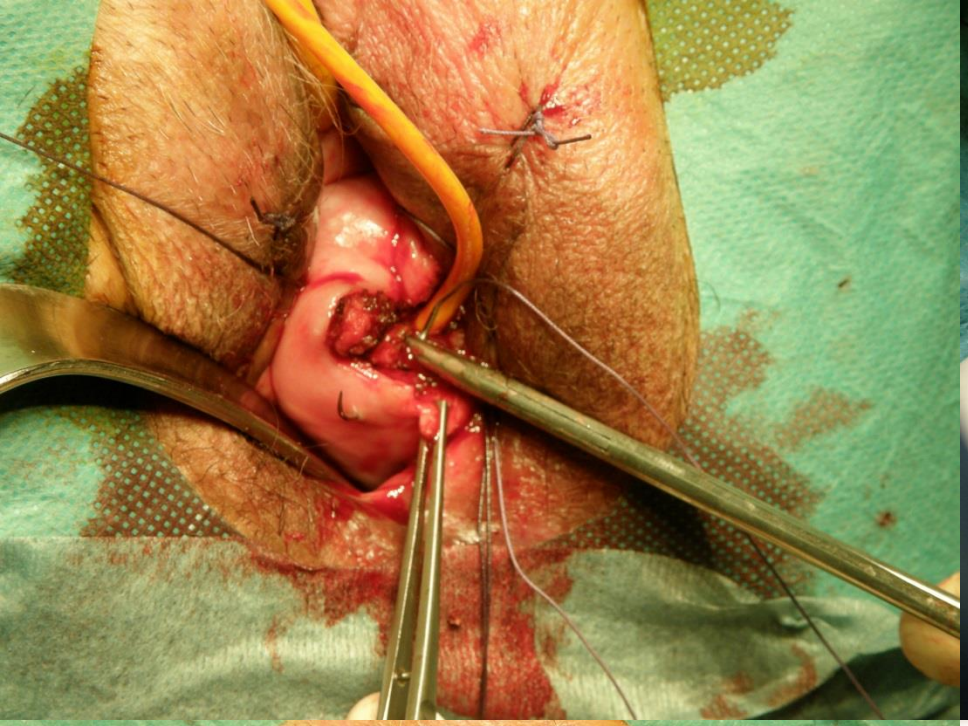
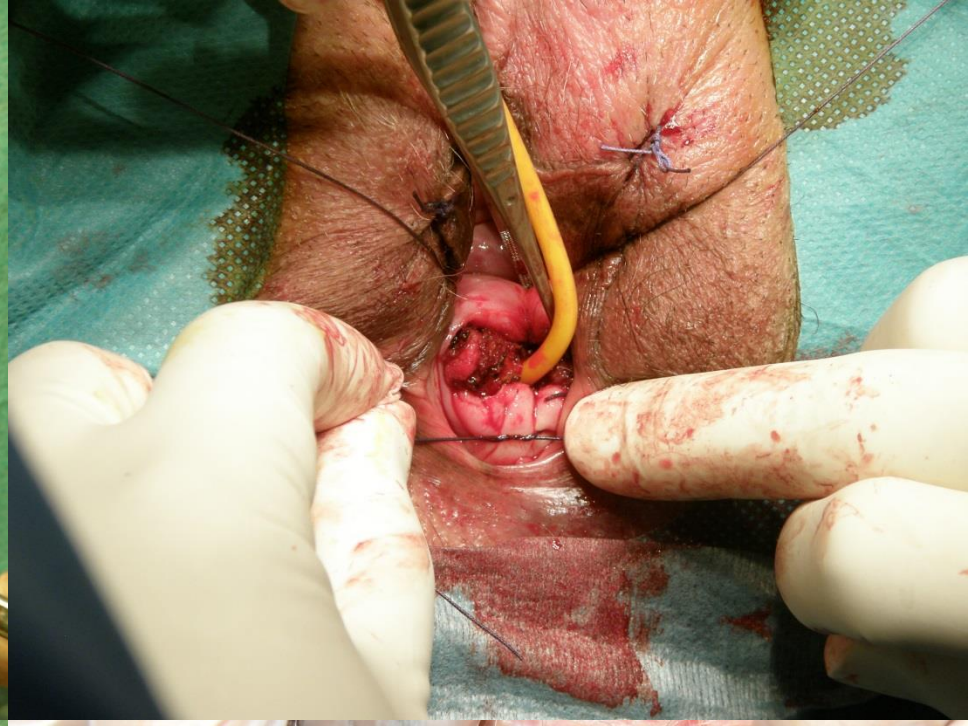
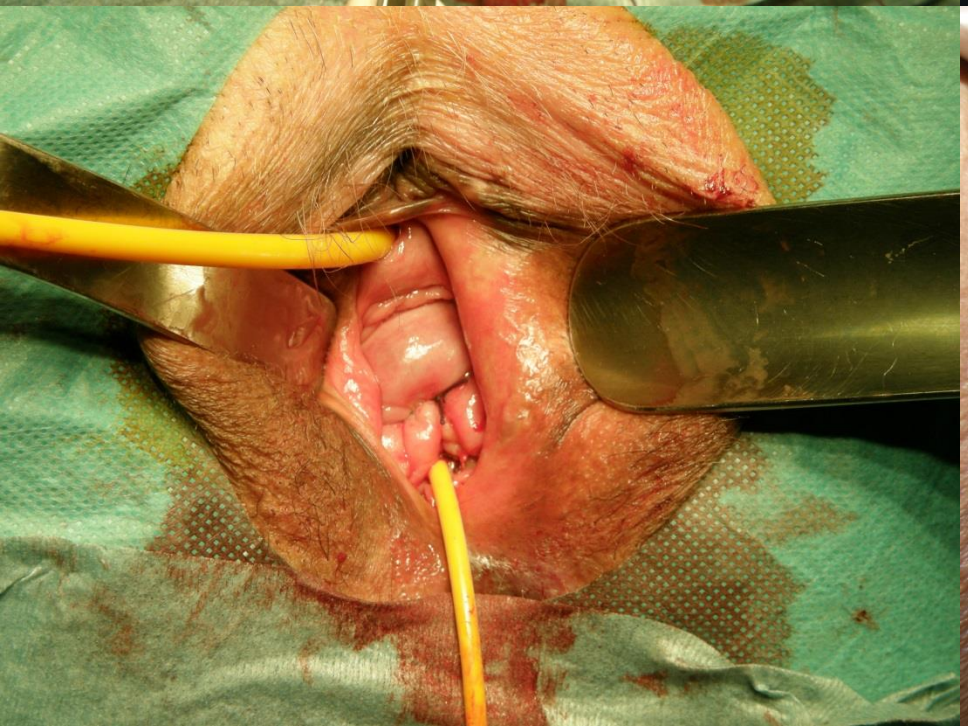
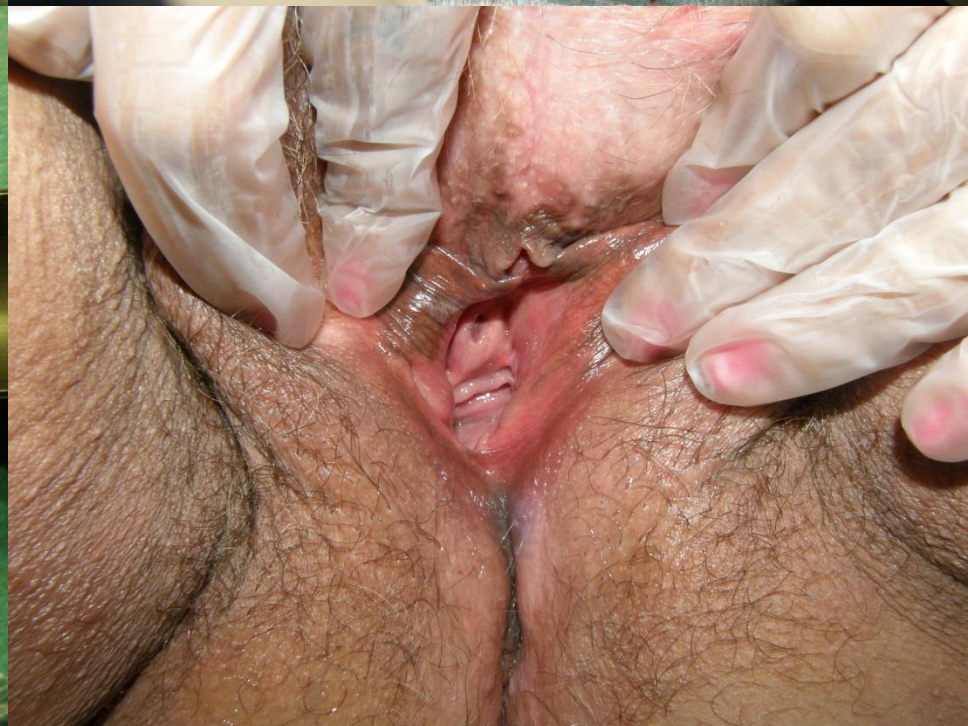
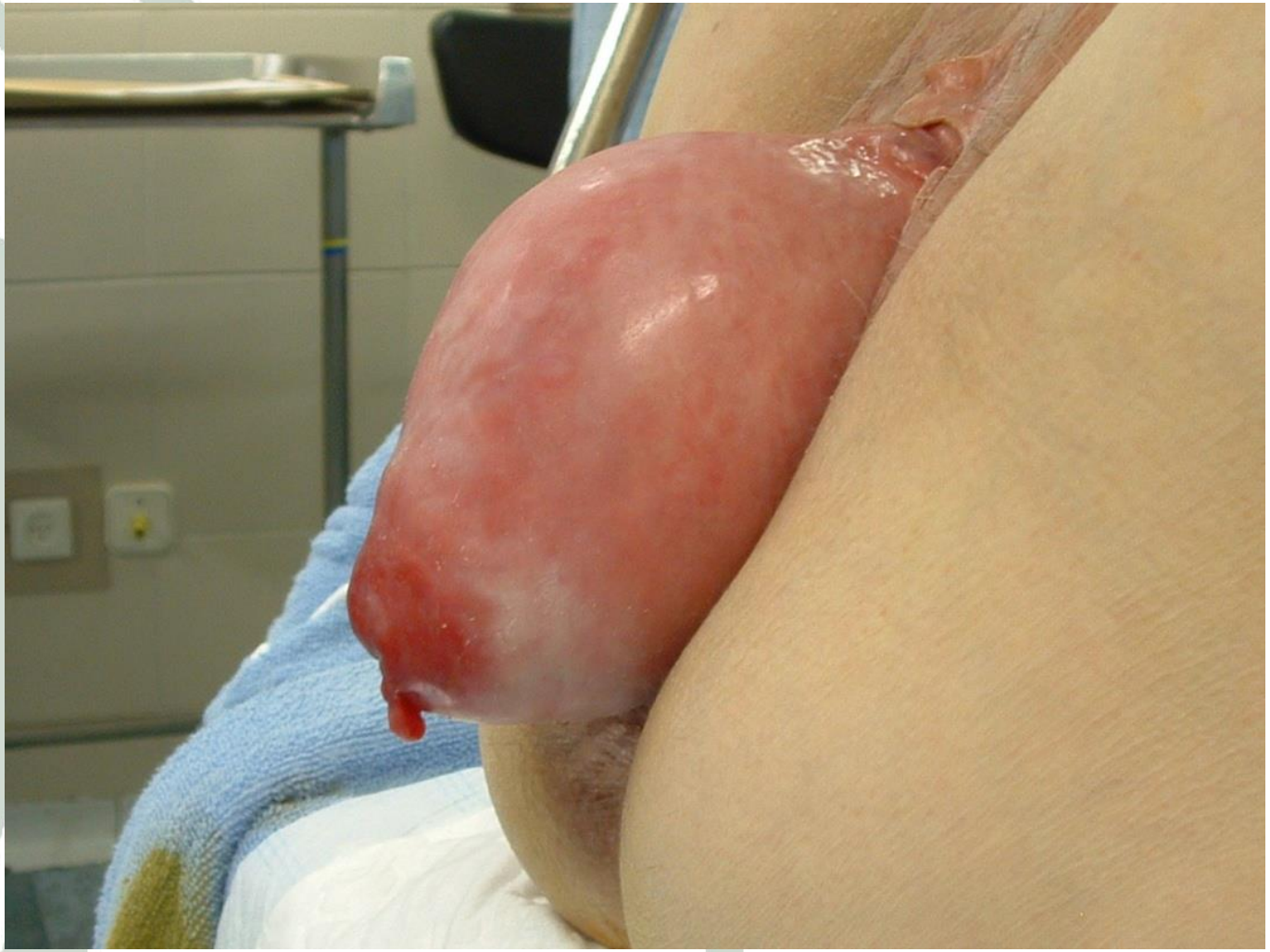







COLPOCLEISIS de LEFORT



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Int Urogynecol J. 2018 Aug;29(8):1141-1146. doi: 10.1007/s00192-018-3559-9. Epub 2018 Jan 27.

Quality of life following vaginal reconstructive versus obliterative surgery for treating advanced pelvic organ prolapse.

Petcharopas A[1], Wongtra-Ngan S[1], Chinthakanan O[2].

Author information

Abstract

INTRODUCTION AND HYPOTHESIS: Although colpocleisis is effective in selected women, the low-morbidity obliterative procedure for treating pelvic organ prolapse (POP) and its impact on postoperative quality of life (QOL) have rarely been studied. Our aim was to assess QOL in women after colpocleisis and compare it with that of women after reconstructive vaginal surgery.

METHODS: This retrospective cohort study included women (aged 35-85 years) with POP who underwent obliterative or reconstructive surgical correction during 2009-2015. Patients who met the inclusion criteria underwent telephone interviews that included the validated Prolapse QOL questionnaire (P-QOL Thai).

RESULTS: Of 295 potential participants, 197 (67%) completed the questionnaire: 93 (47%) with obliterative and 104 (53%) with reconstructive surgery. Most were Thai (95.4%), multiparous (87%), and sexually inactive (76%). Their histories included hysterectomy (12%), incontinence or prolapse surgery (11%), and POP stage 3/4 (77%). Patients undergoing obliterative surgery were significantly older than those undergoing a reconstructive procedure (69 vs 58 years, $P < 0.05$). The obliterative group had more children, less education, and more advanced POP. There were no significant differences in operative parameters or complications. The obliterative surgery group had a significantly shorter hospital stay: median 2 (range 1-17) days vs 3 (1-20) days ($P = 0.016$). P-QOL scale revealed significantly less postoperative impairment in the obliterative surgery group (1.75 vs 5.26, $P = 0.023$). There were no significant differences in other P-QOL domains.

CONCLUSIONS: Colpocleisis improves condition-specific QOL in selected patients with advanced POP and remains an option for this group. Surgeons should consider counseling elderly women with advanced POP about obliterative vaginal surgery.

KEYWORDS: Colpocleisis; Elderly; Obliterative vaginal surgery; Pelvic organ prolapse; Quality of life

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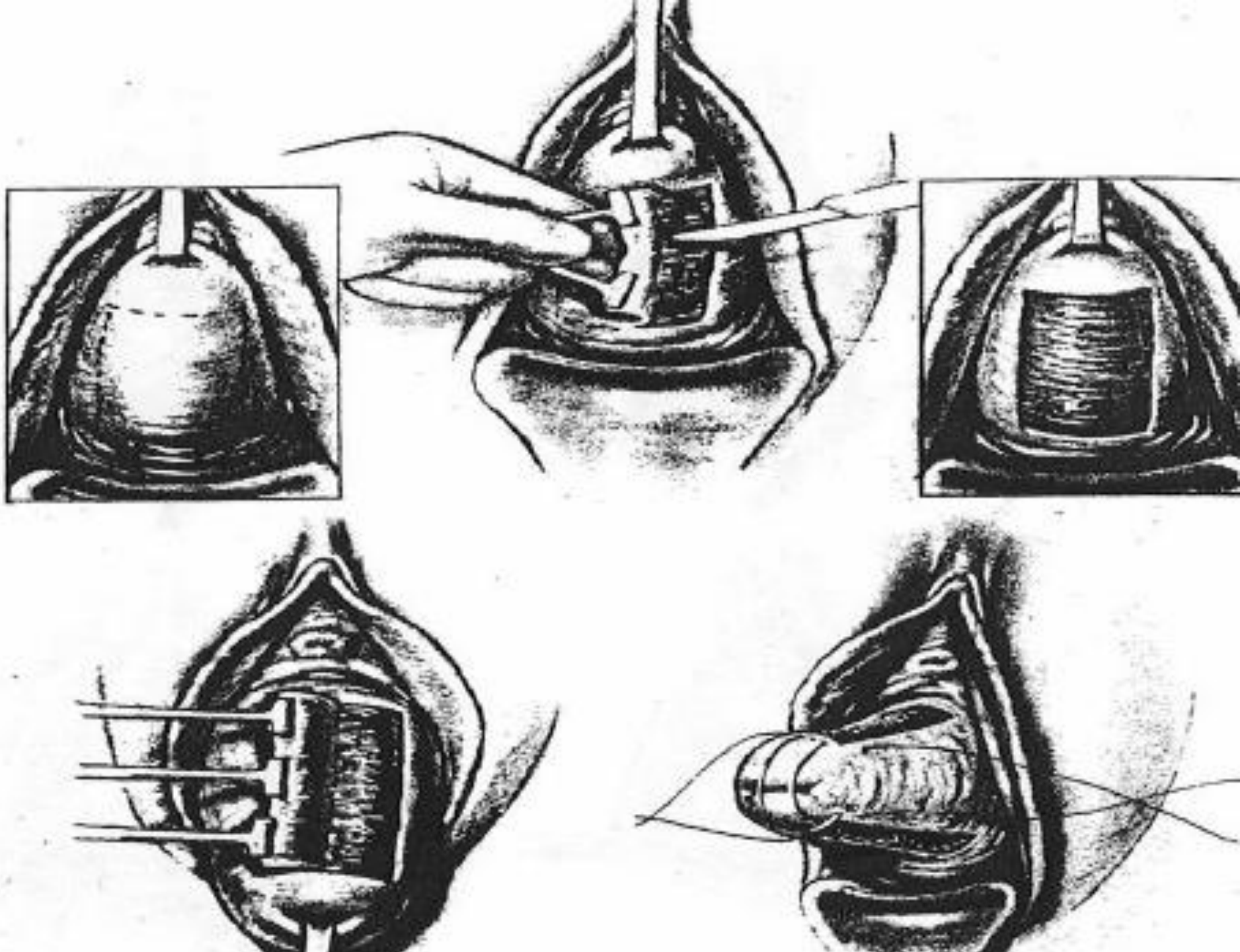

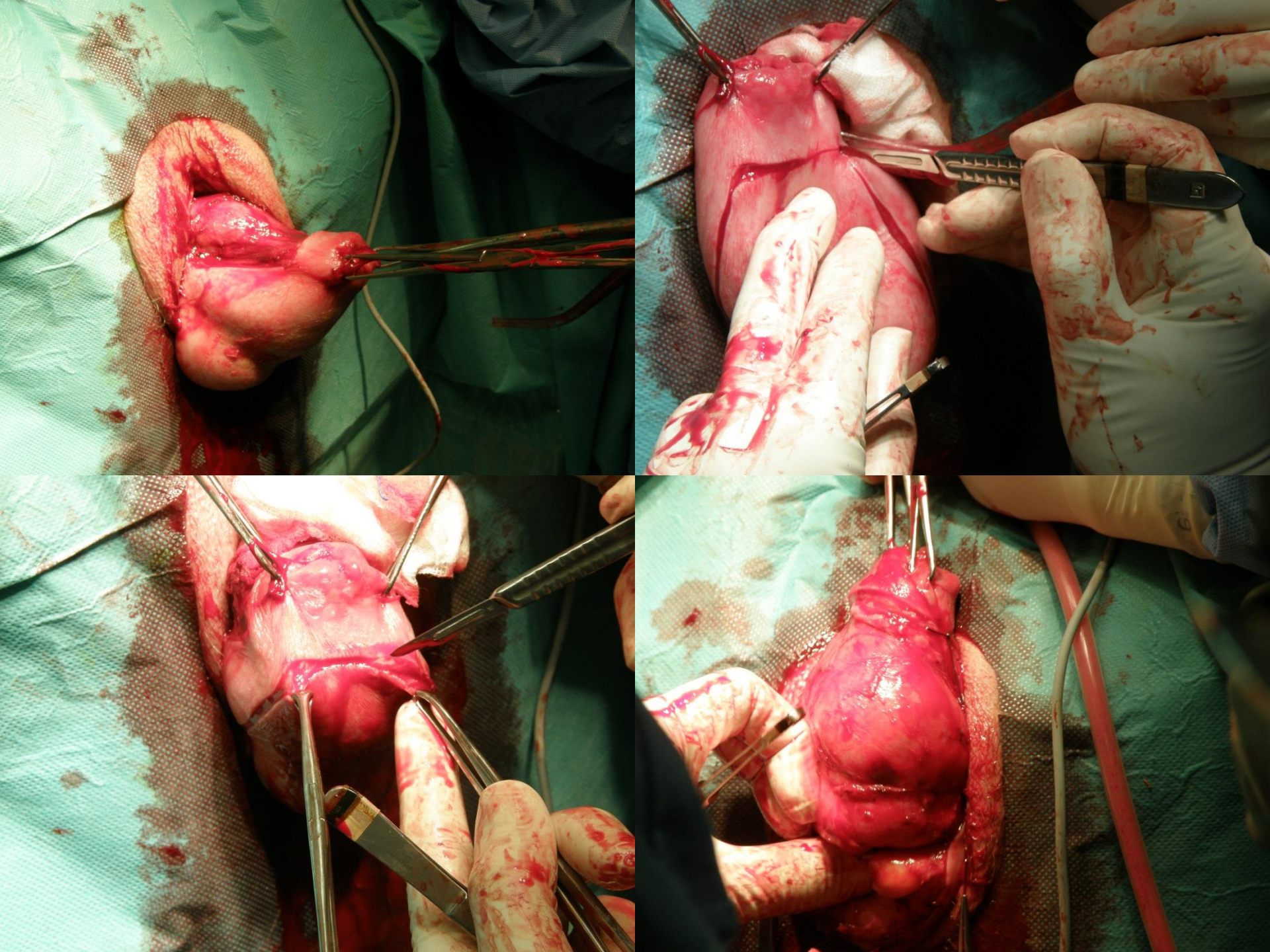

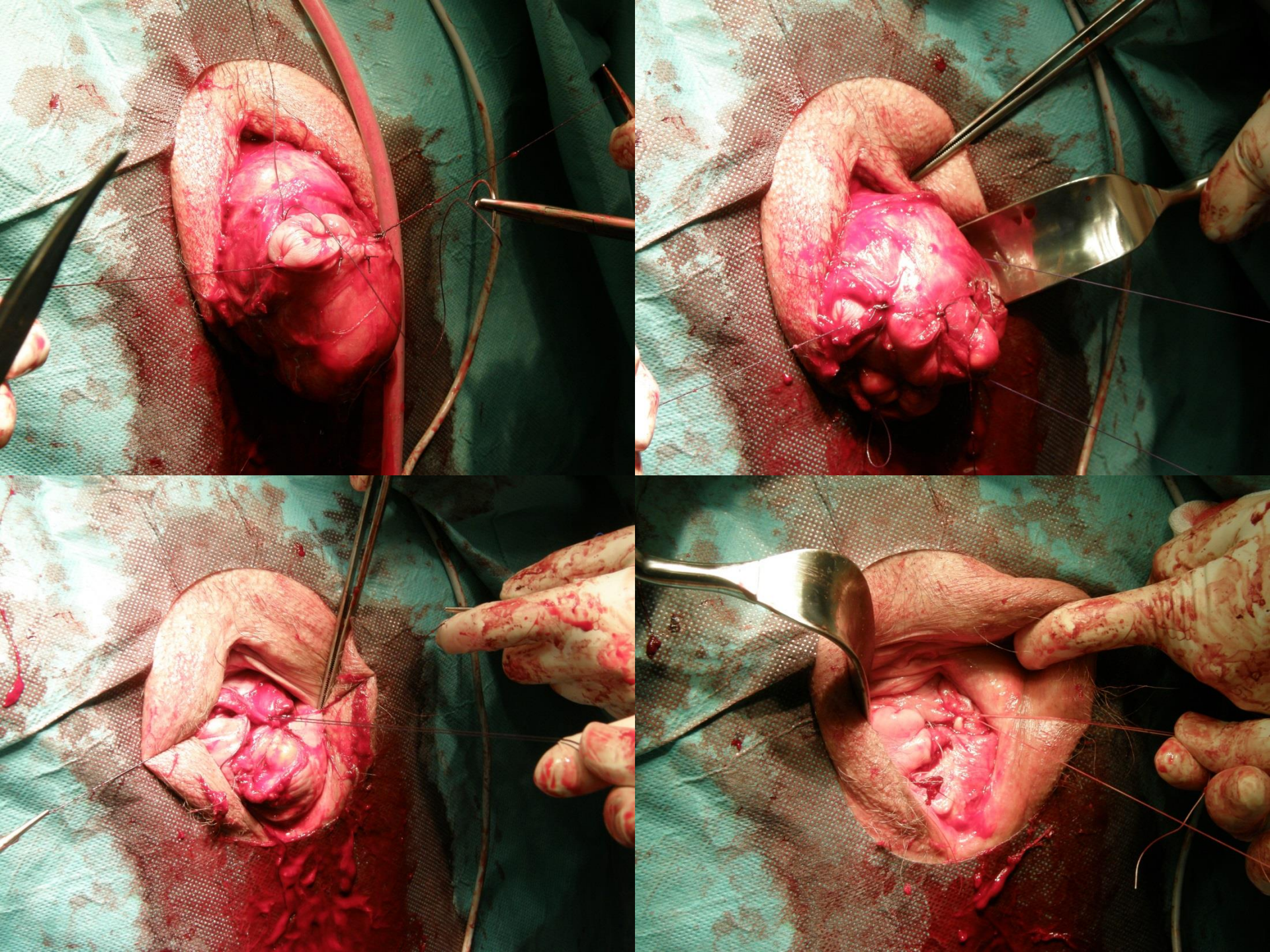

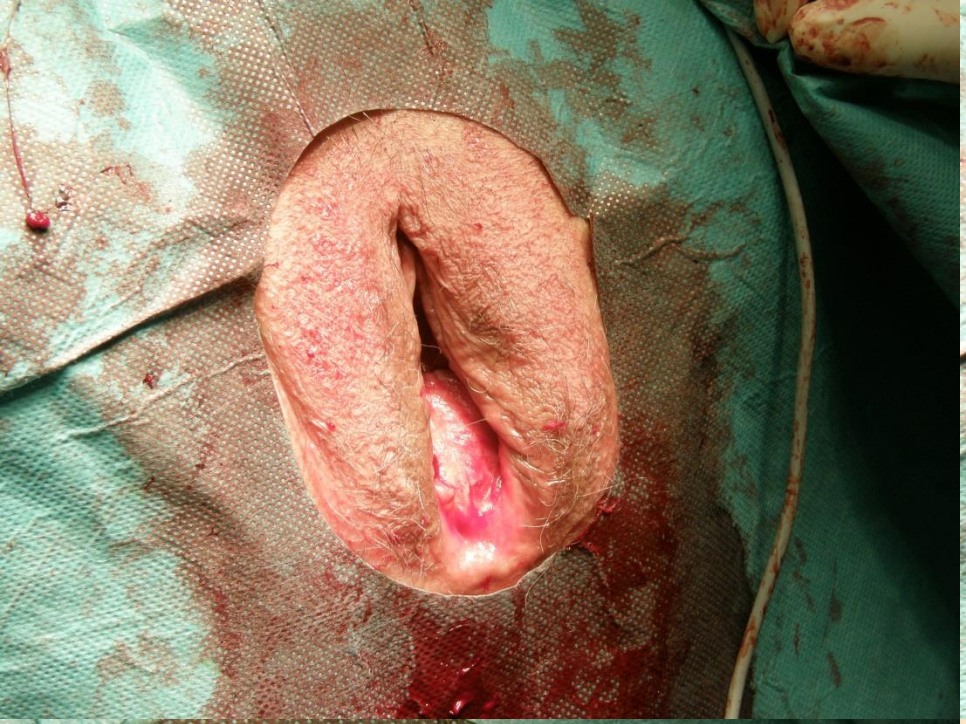
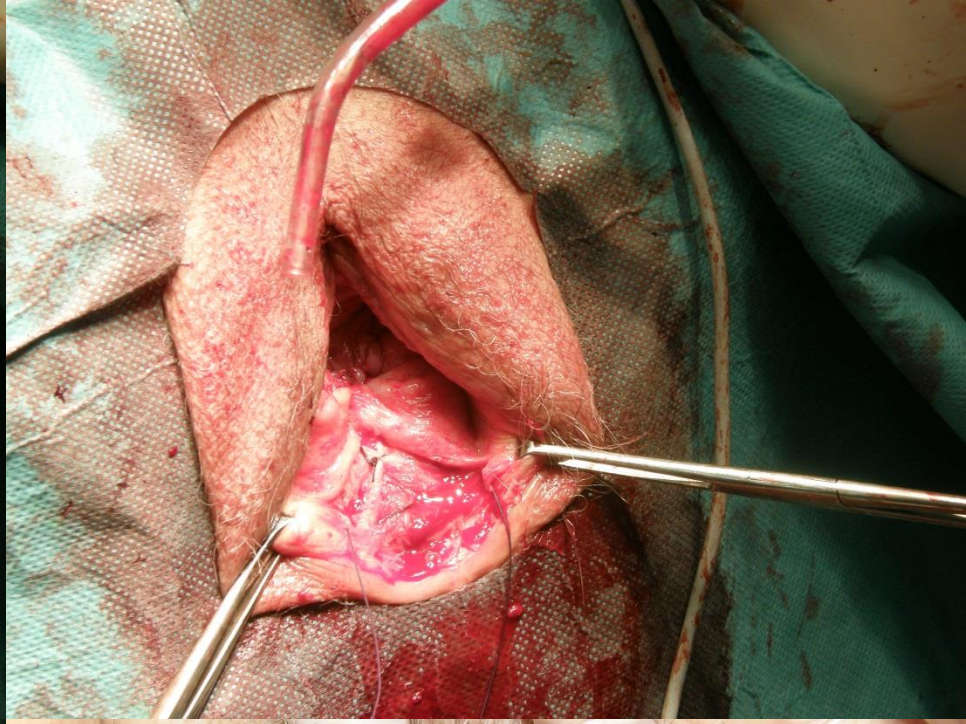
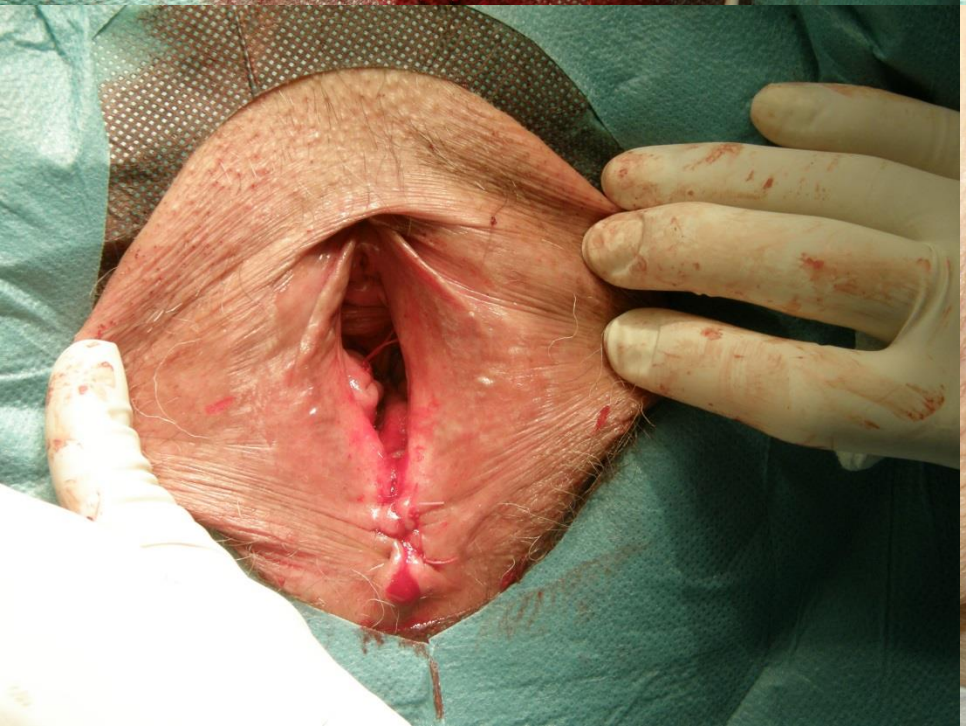
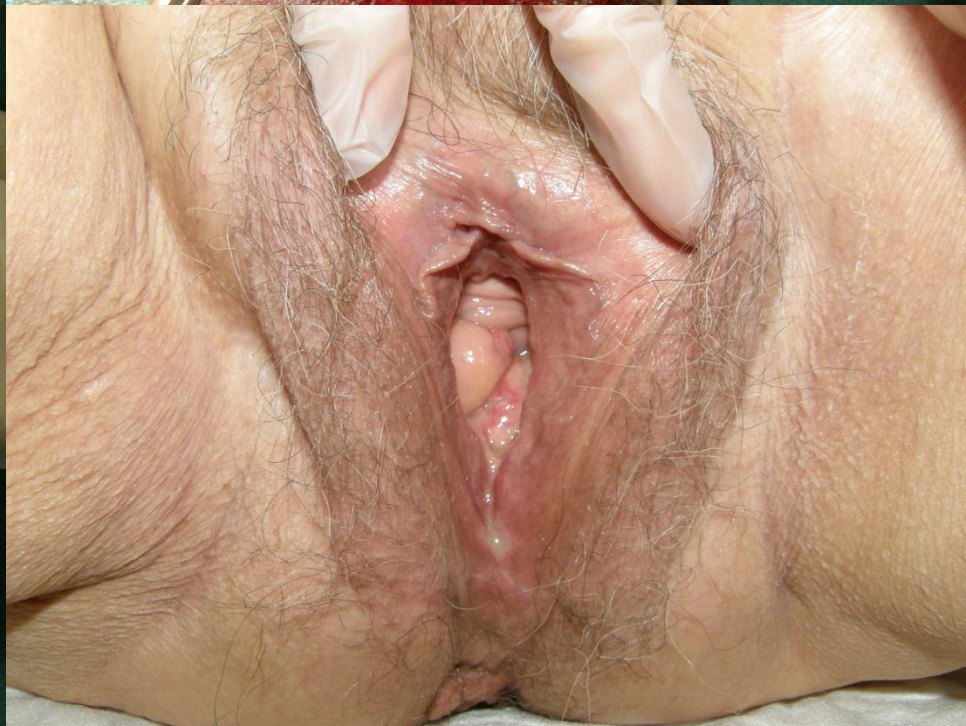

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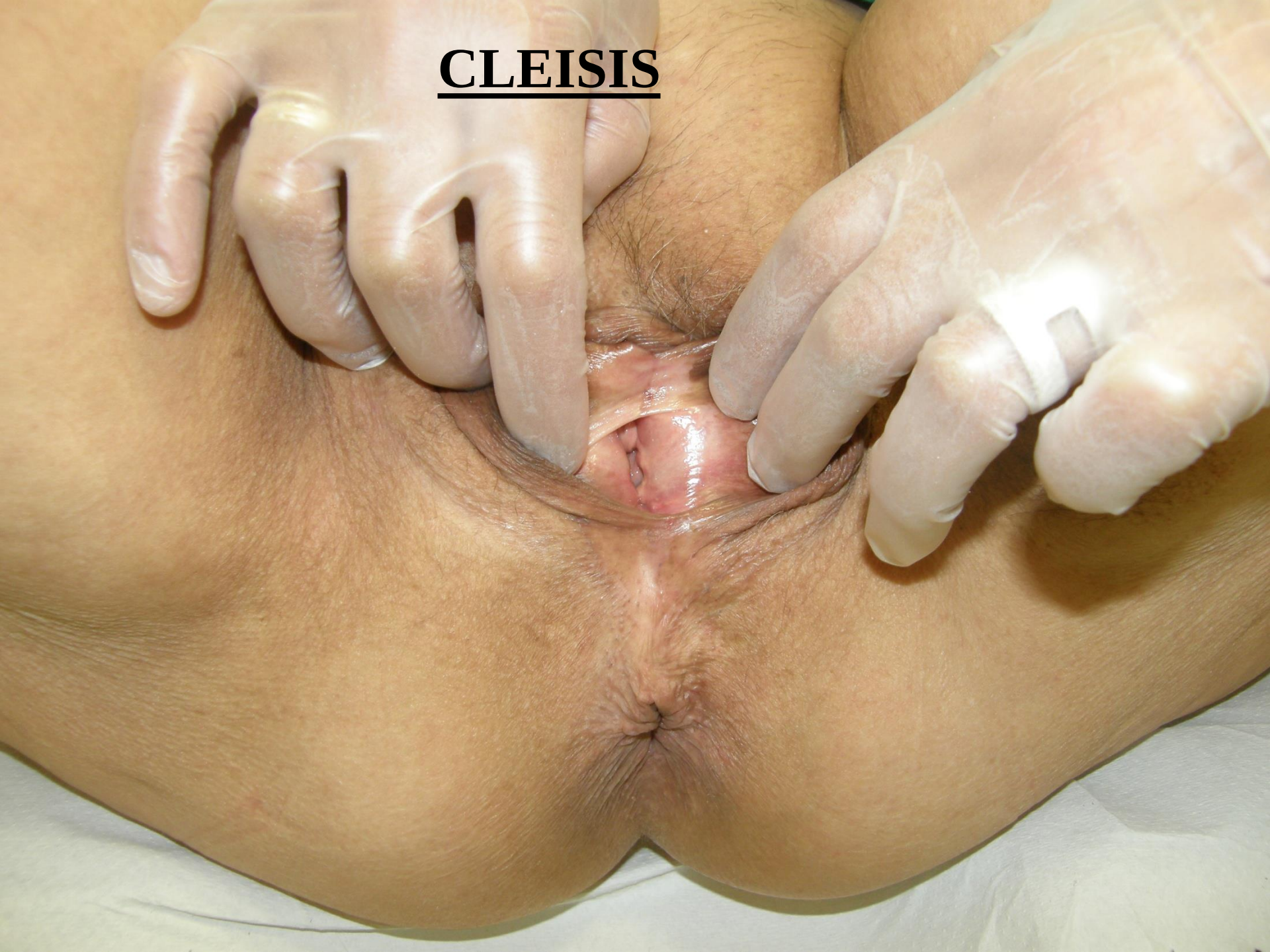

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Int Urogynecol J. 2018 Dec 4. doi: 10.1007/s00192-018-3832-y. [Epub ahead of print]

Treatment of vaginal vault prolapse in The Netherlands: a clinical practice survey.

Vermeulen CKM[1], Coolen ALWM[2,3], Spaans WA[4], Roovers JPWR[5], Bongers MY[2,3].

Author information

Abstract

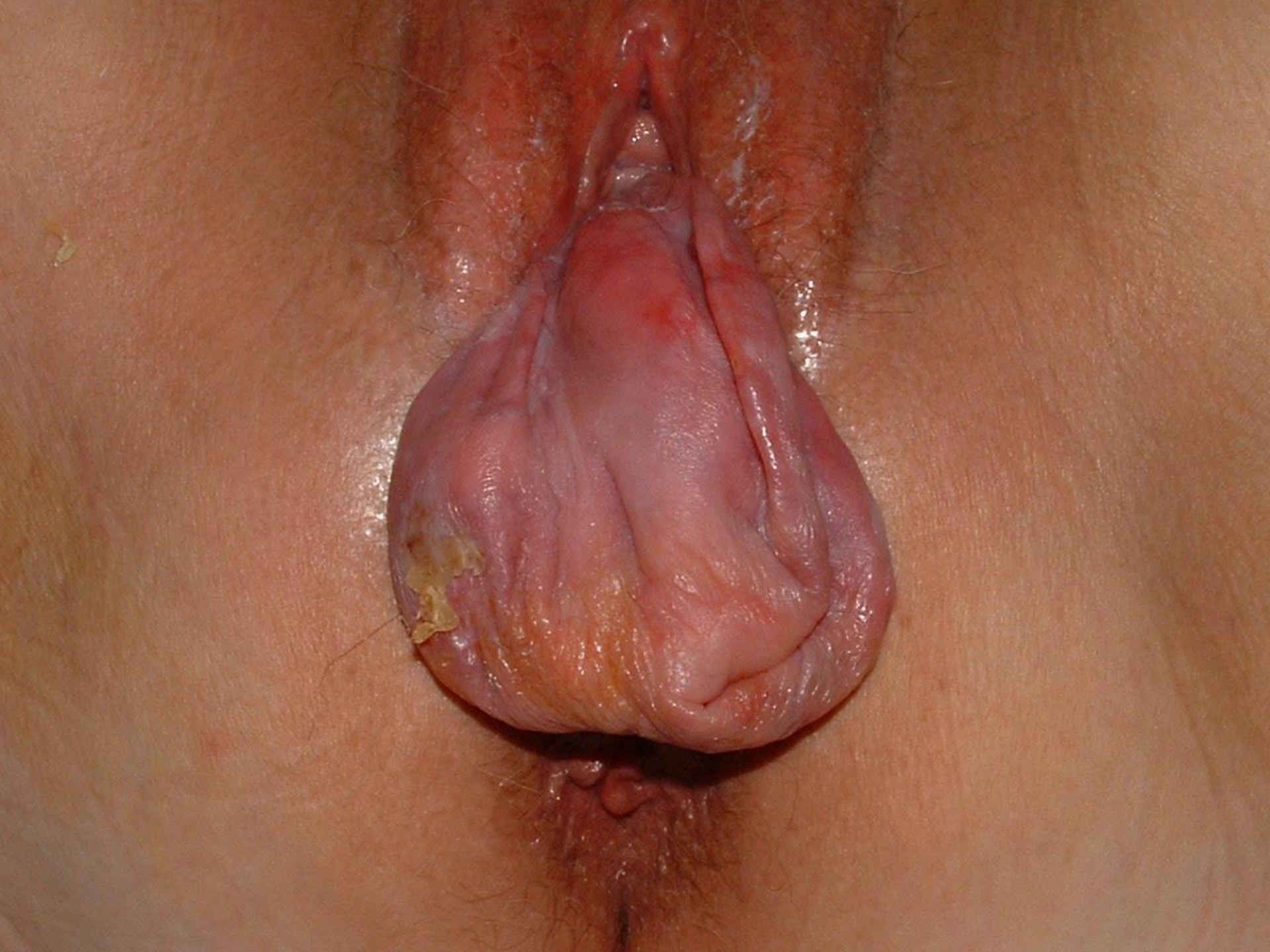
INTRODUCTION AND HYPOTHESIS: A great variety of conservative and surgical procedures to correct vaginal vault prolapse have been reported. The aim of this study was to describe practice pattern variation-the difference in care that cannot be explained by the underlying medical condition-among Dutch gynecologists regarding treatment of vaginal vault prolapse.

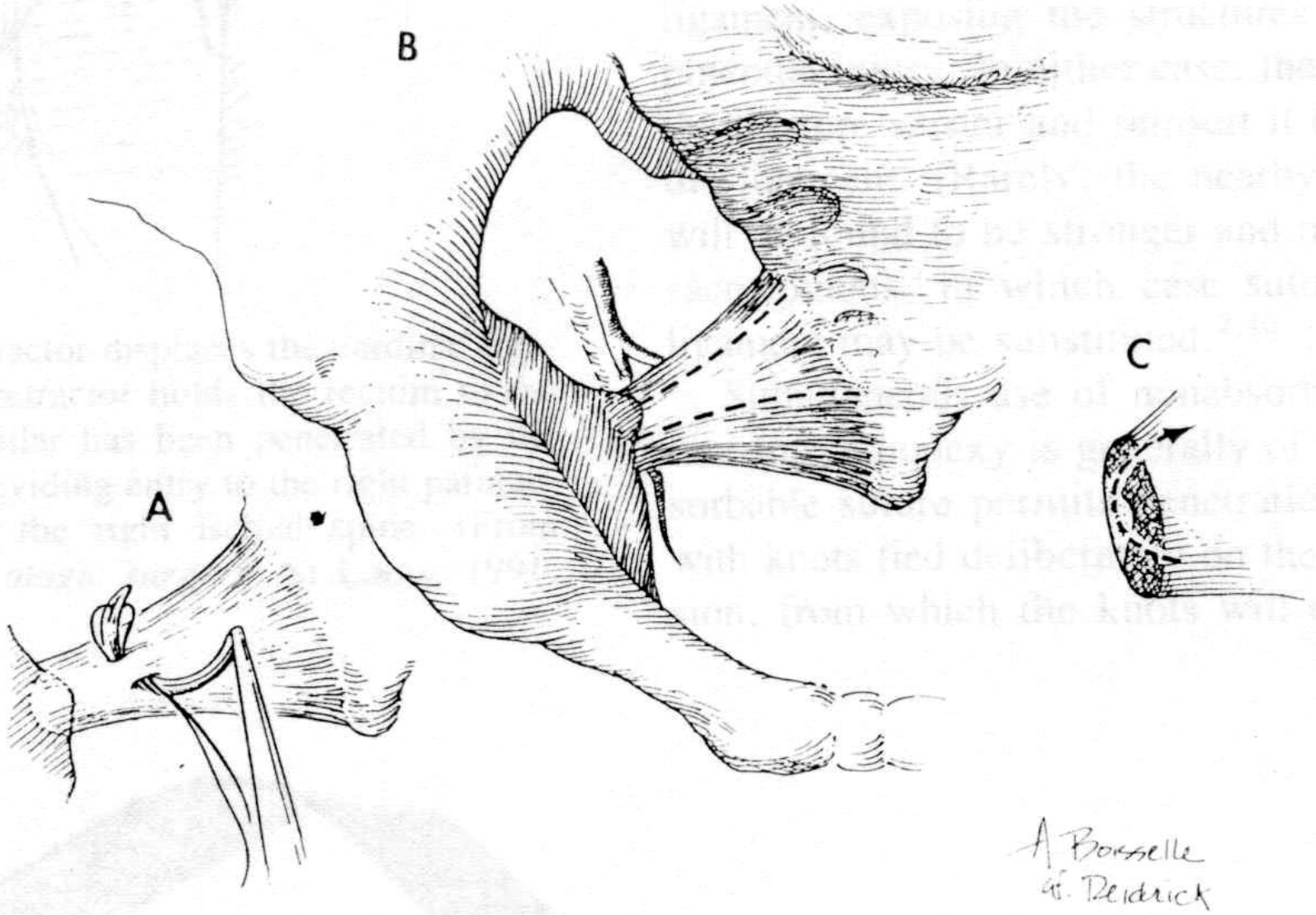
METHODS: A clinical practice survey was conducted from March to April 2017. The questionnaire was developed to evaluate treatment of vaginal vault prolapse. All members of the Dutch Society for Urogynaecology were invited to participate in a web-based survey.

RESULTS: One hundred four Dutch gynecologists with special interest in urogynecology responded to the survey (response rate, 44%). As first-choice therapy for vaginal vault prolapse, 78% of the respondents chose pessary treatment, whereas sacrospinous fixation was the second most common therapy choice according to 64% of the respondents. Preferences on how to approach vaginal vault prolapse surgically are conflicting. Overall, the most performed surgery for vaginal vault prolapse is sacrospinous fixation, followed by laparoscopic and robotic sacrocolpopexy.

CONCLUSIONS: Gynecologists in The Netherlands manage vaginal vault prolapse very differently. No standardized method could be determined for the treatment of vaginal vault prolapse in The Netherlands, and we observed practice pattern variations.

KEYWORDS: Pessary; Sacrocolpopexy; Sacrospinous fixation; Trans vaginal mesh; Treatment; Vaginal vault prolapse

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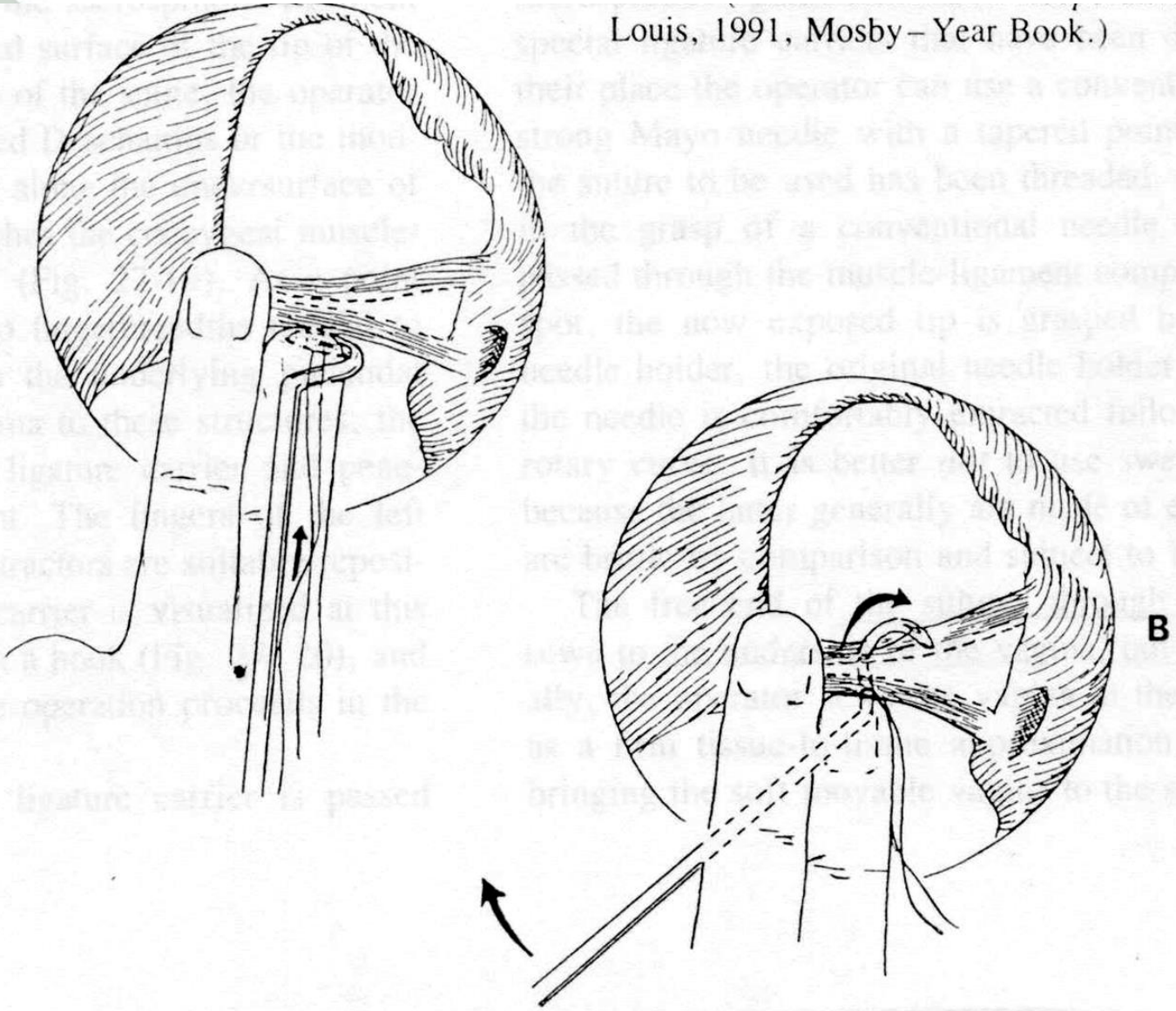

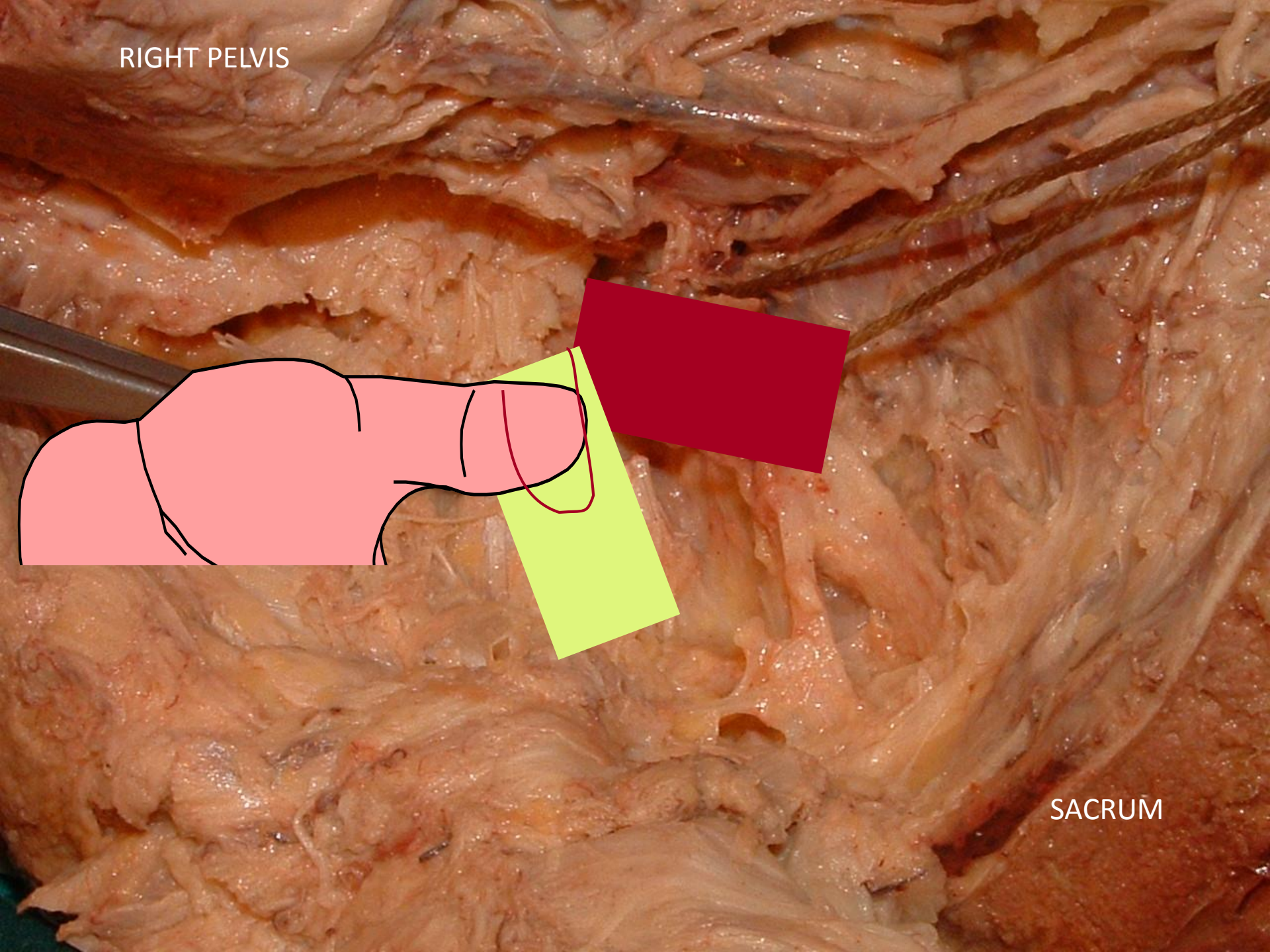
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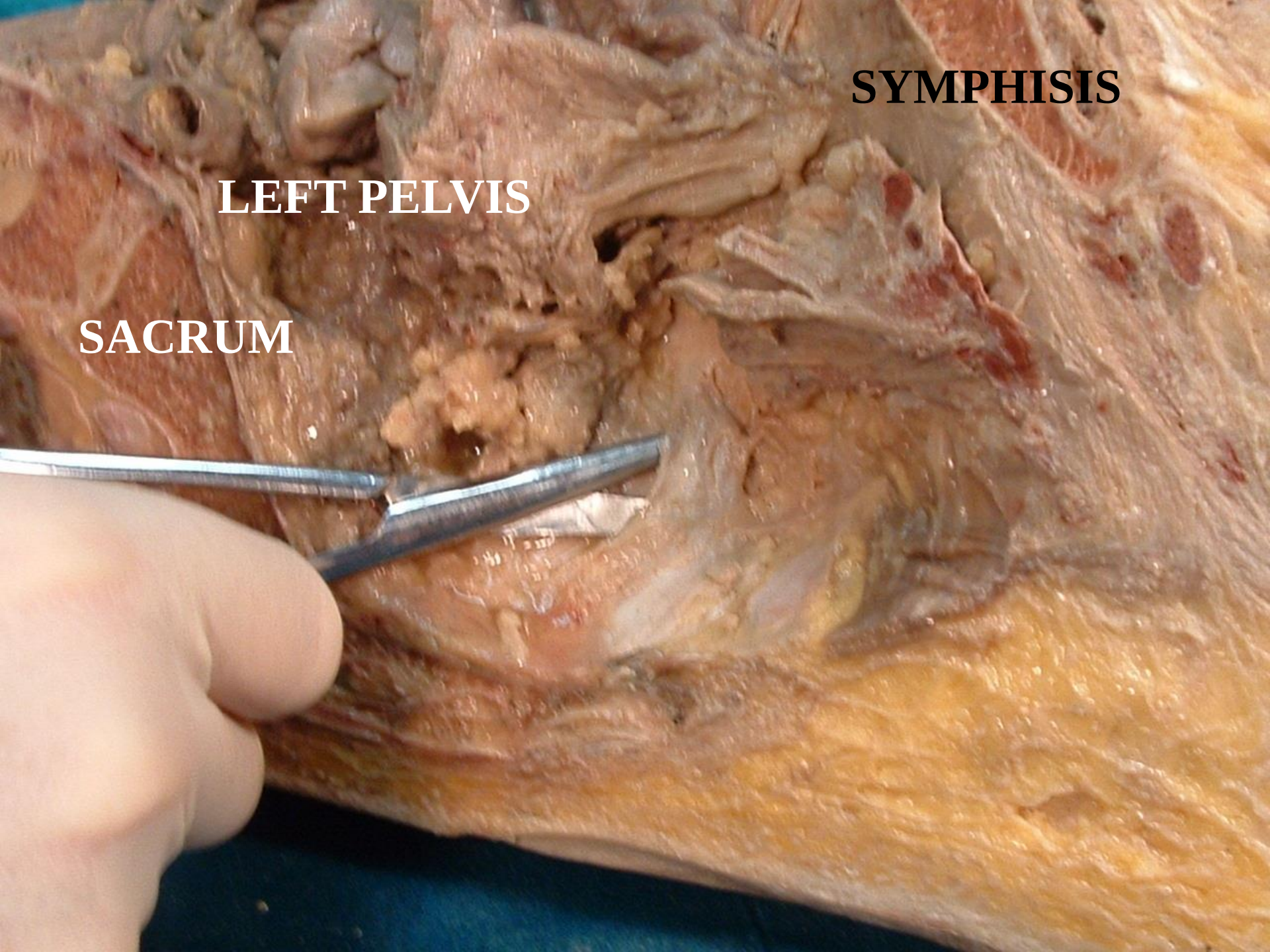
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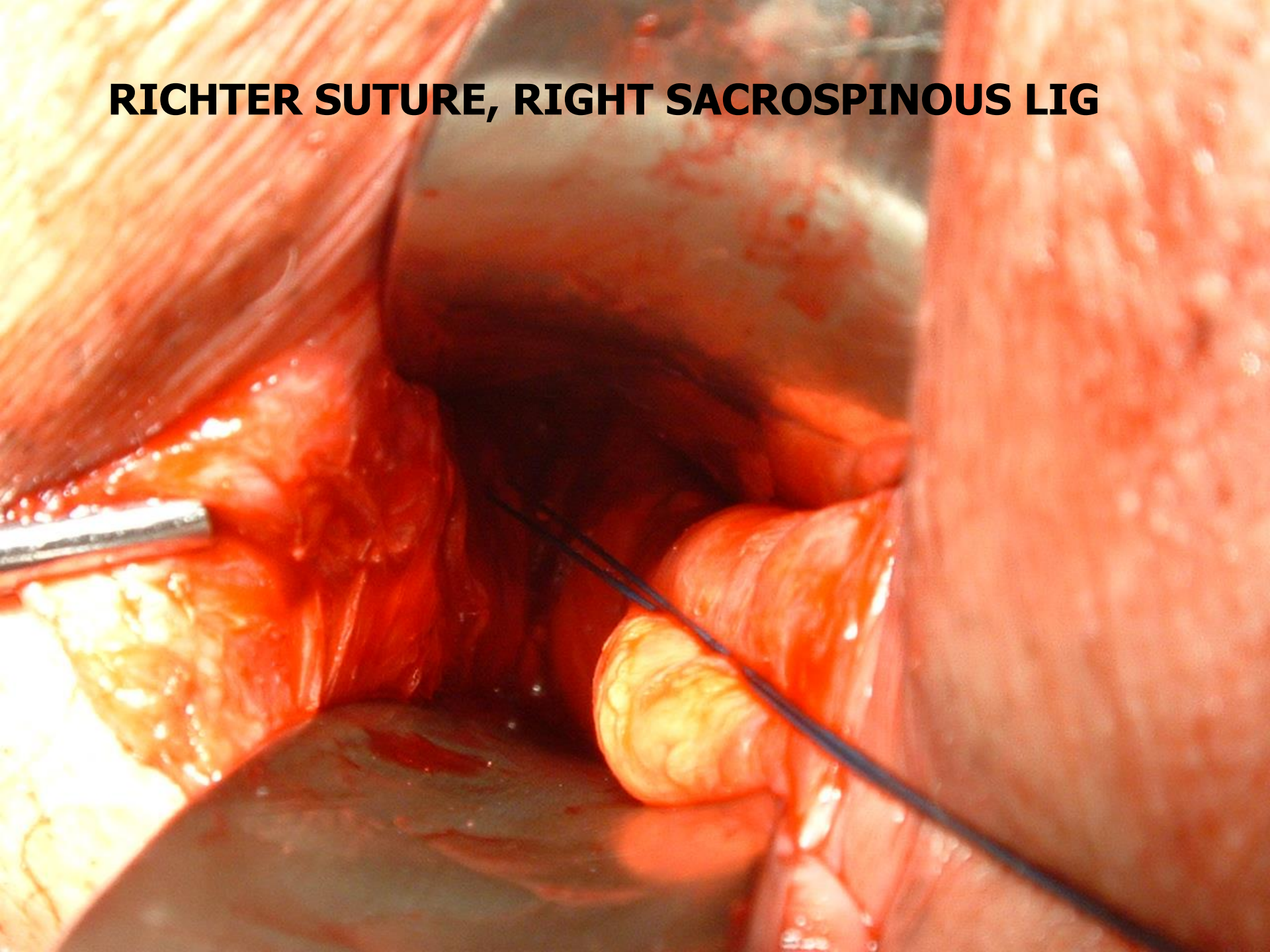
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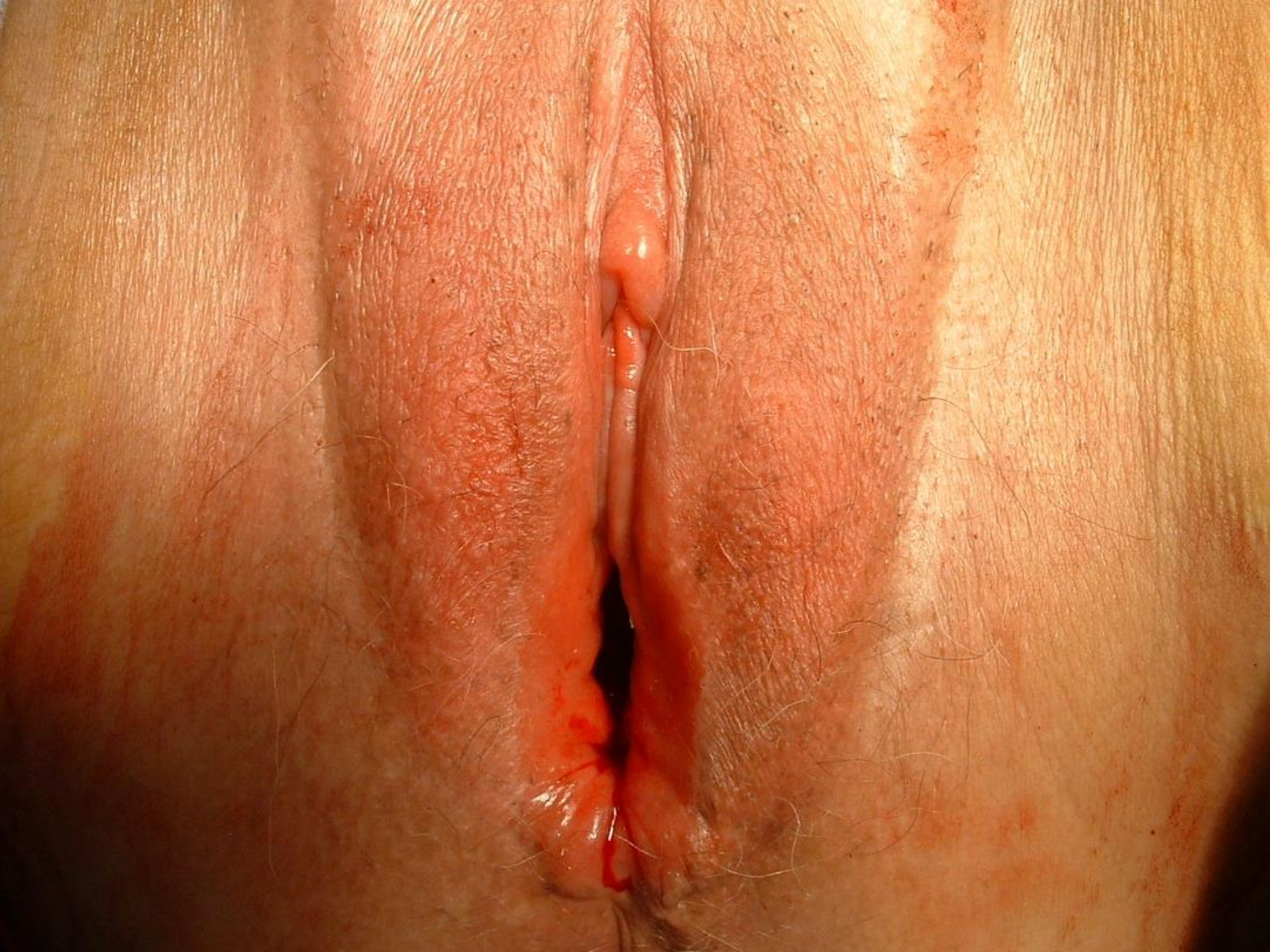

Mc Call

Eur J Obstet Gynecol Reprod Biol. 2018 Apr;223:113-118. doi: 10.1016/j.ejogrb.2018.02.025. Epub 2018 Feb 27.

Long-term experience of vaginal vault prolapse prevention at hysterectomy time by modified McCall culdoplasty or Shull suspension: Clinical, sexual and quality of life assessment after surgical intervention.

Schiavi MC[1], Savone D[2], Di Mascio D[2], Di Tucci C[2], Perniola G[2], Zullo MA[3], Muzii L[2], Benedetti Panici P[2].

⊕ Author information

Abstract

OBJECTIVES: The aim of this study was to evaluate the effectiveness of modified McCall culdoplasty or Shull suspension in preventing vaginal vault prolapse after vaginal hysterectomy and the long-term impact on quality of life and sexual function.

STUDY DESIGN: Retrospective analysis in 414 patients underwent vaginal hysterectomy for pelvic organ prolapse (POP) and vaginal suspension through modified McCall culdoplasty (group A) or Shull suspension (group B) was evaluated. Clinical features and concomitant surgical procedures were assessed. Surgical data and perioperative and postoperative complications have also been analyzed. Clinical characteristics, urinary symptoms, POP-Q score classification, Quality of Life and Sexual Function were evaluated at baseline and at median follow up with P-QoL, ICIQ-UI-SF, PISQ-12, FSFI, FSDS questionnaires.

RESULTS: The median follow up was 8.9 year (5.1-14.2 years). 200 women in group A and 214 in group B were evaluated. Vaginal vault prolapse occurred in 2 patients in group A and in 2 patients in group B. POP-Q score for all compartments showed a significant ($p < 0.001$) decrease for both groups without significant differences between the 2 groups. The total vaginal length (TVL) was reduced in greater proportion in McCall group ($p < 0.001$). P-QoL and ICIQ-UI-SF questionnaires documented an improvement for both groups ($p < 0.001$). The number of patients who regularly practice sexual activity increased in both groups, but patients in group B experienced a better quality of sexual life evaluated with PISQ-12 and FSFI.

CONCLUSIONS: Both surgical techniques showed effectiveness and safety in preventing vaginal vault prolapse in women who underwent vaginal hysterectomy, with a significant improvement in quality of life and sexuality. Shull technique demonstrated greater improvement in sexual function.

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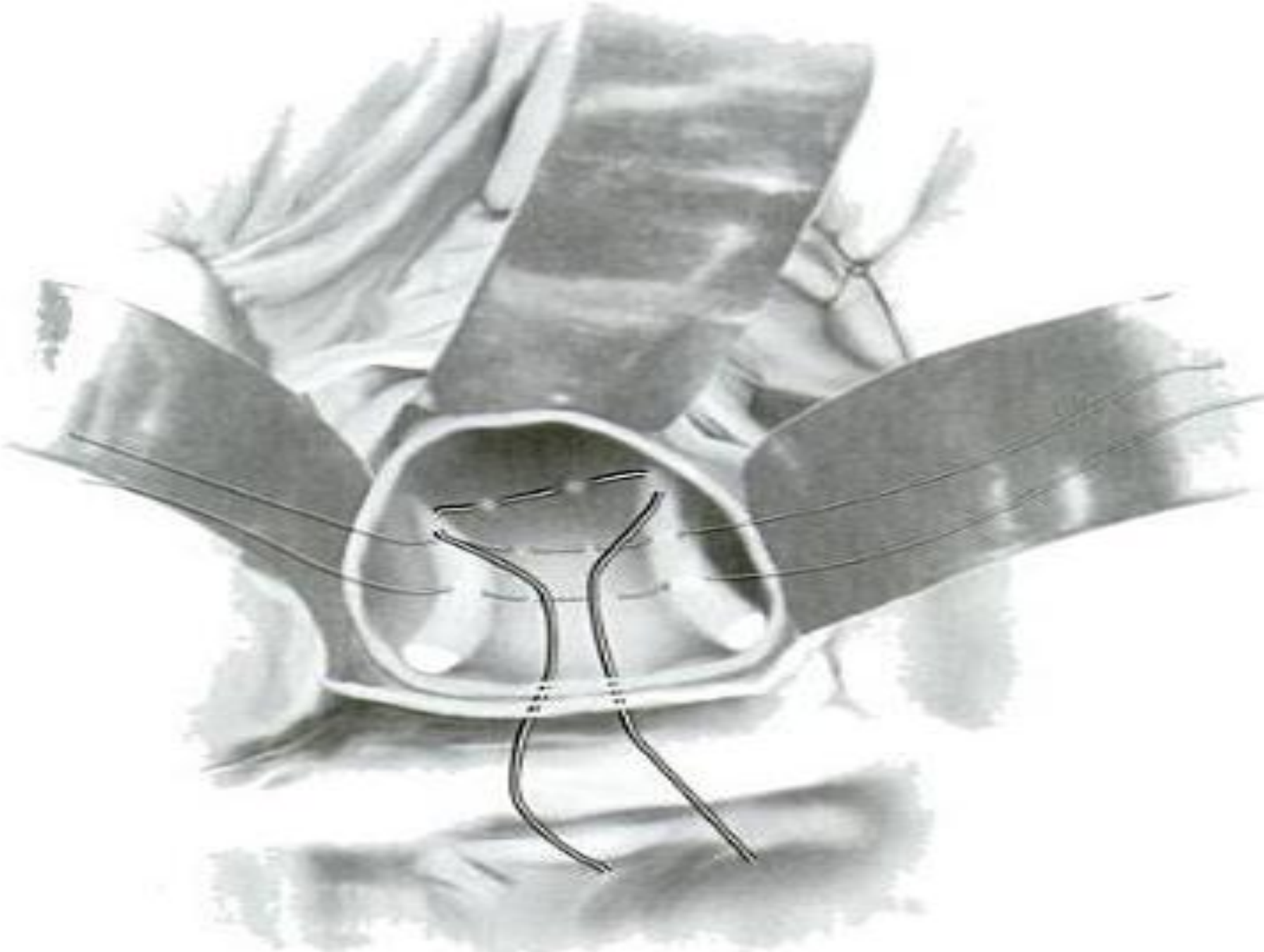

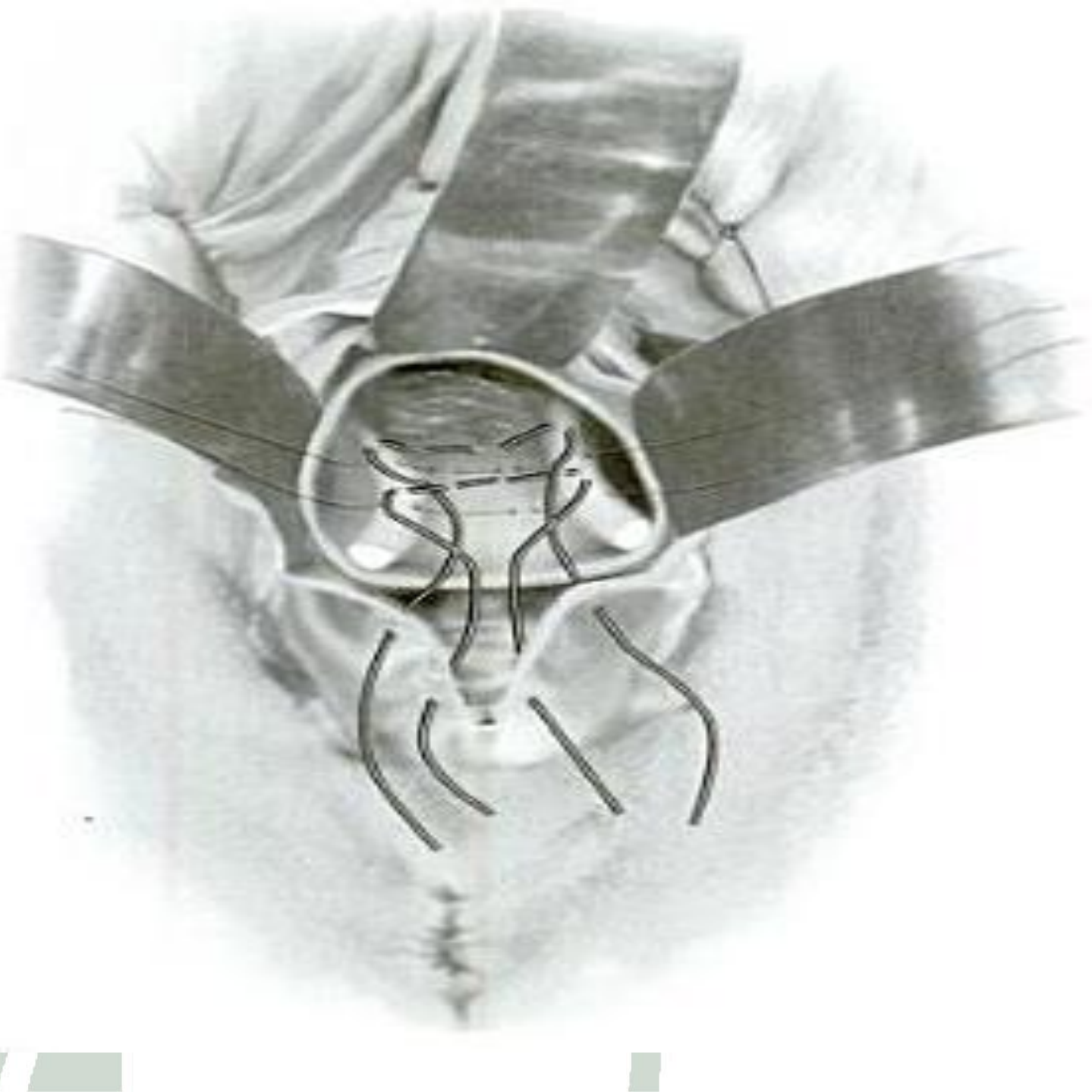

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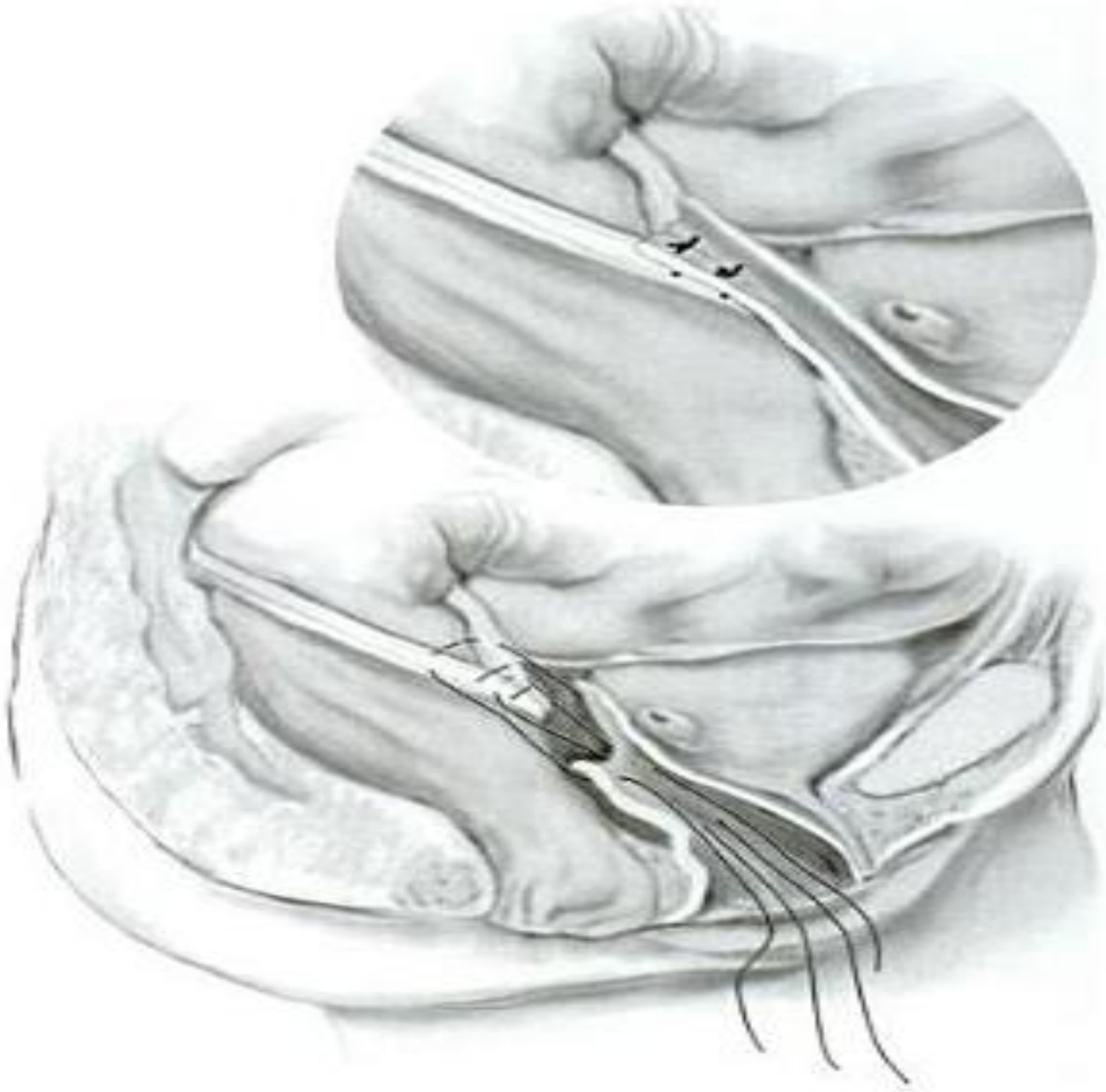

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